



Ninth High-level Meeting of the Small Countries Initiative

Advancing health and well-being

Luxembourg,
10–12 May 2023



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Abstract

The Ninth High-level Meeting of the Small Countries Initiative (SCI) brought together ministers of health and secretaries of state from the 11 countries of the Initiative in Luxembourg on 10–12 May 2023. Small country perspectives, challenges and needs emerged on the following themes: advancing health, equity and well-being; preventing and providing a quality response to noncommunicable diseases; access to medicines; improving mental health at the community level; advancing human resources for health; and leveraging digital health transformation. Participants also celebrated International Nursing Day on 12 May. Globalization of the SCI was proposed for consideration by the Government of Malta. The meeting was an opportunity to share progress in implementing the Roadmap towards better health in small countries in the WHO European Region, 2022–2025, and to address the challenges of small countries in the Region and beyond. Ministers of health from other WHO regions and other small countries within the European Region also attended and provided insights and perspectives.

Keywords

ACCESS TO MEDICINES, HEALTH CARE PLANNING, HEALTH SYSTEMS, HEALTH WORKFORCE, MENTAL HEALTH, NONCOMMUNICABLE DISEASES, PUBLIC HEALTH, WELLBEING.

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CONTENTS

Acknowledgements.....	v
Executive summary	vi
Background.....	1
Objectives of the meeting.....	1
Opening of the meeting.....	2
Advancing health, equity and well-being.....	4
Summary of keynote presentations	4
Summary of panel discussions.....	5
Session key messages	6
Globalizing the SCI.....	6
Session aim.....	6
Innovation in preventing and providing quality responses to NCDs.....	8
Summary of keynote presentations	8
Summary of panel interventions	9
Session key messages	11
Access to medicines	12
Summary of keynote presentations	12
Summary of panel interventions	14
Session key messages	15
Innovation in improving mental health at the community level.....	16
Summary of keynote presentations	16
Summary of panel interventions	18
Session key messages	20
Information session	20
Signing of the Luxembourg Statement.....	21
Celebration of International Nursing Day	21

Update on progress on advancing human resources for health	23
Summary of keynote presentation	24
Summary of panel interventions	24
Session key messages	26
Leveraging digital transformation in small countries.....	26
Summary of keynote presentation	27
Summary of panel interventions	28
Session key messages	28
Meeting conclusions	29
References	32
Annex 1. The Luxembourg Statement.....	34
Annex 2. Programme.....	36
Annex 3. List of participants.....	42

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The organizers greatly appreciate the in-depth insights provided by the high-level participants as presenters and panelists, which provided the core content of this meeting report.

Presenters: Chris Fearne (Deputy Prime Minister and Minister of Health, Malta); Anna Gilmore (Professor of Public Health, Director of the Tobacco Control Research Group, University of Bath); Neil Gray (Cabinet Secretary for the Wellbeing Economy, Fair Work and Energy, Scotland, United Kingdom) and Patricia Carmona Redondo (Programme Officer, Market Intelligence and Competitiveness Department, World Tourism Organization).

Panelists: Heidi Alasepp (Deputy Secretary-General of Health, Estonia); Aiga Balode (Secretary of State, Ministry of Health, Latvia); Alexandre Bordero (Director, Department of Health Affairs, Ministry of Health and Social Affairs, Monaco); Sonia Browne (Minister of State, Ministry of Health and Wellness, Barbados); Neville Calleja (Director, Directorate for Health Information and Research, Ministry of Health, Malta); Roberto Ciavatta (Minister of Health, San Marino); Marie Friedel (Professor of Nursing Sciences, University of Luxembourg); Frederico Guanais (Deputy Head, Health Division, Organisation for Economic Co-operation and Development); Anne-Marie Hanff (President, President of the National Association of Nurses of Luxembourg); Azra Herceg (Secretary of State, Ministry of Health, Slovenia); Popi Nicolaidou Kanari (Minister of Health, Cyprus); Paulette Lenert (Deputy Prime Minister and Minister of Health, Luxembourg); Maja Manoleva (Deputy Minister of Health, North Macedonia); Helena Mas Santur  (Acting Secretary of State, Ministry of Health, Andorra); Donata Meroni (Deputy Director of Public Health and Head of Health Monitoring and Cooperation Unit, Health Networks, European Commission); William Þ r Þ rsson (Minister of Health, Iceland); Ala Nemerenco (Minister of Health, Republic of Moldova); Dragoslav Œ eki  (Minister of Health, Montenegro); Jean-Claude Schmidt (Chief Medical Officer, Luxembourg) and Peggy Vidot (Minister of Health, Seychelles).

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Executive summary

The Ninth High-level Meeting of the Small Countries Initiative (SCI) brought together ministers of health and secretaries of state from the 11 countries of the Initiative in Luxembourg on 10–12 May 2023. The aim was to discuss ways in which the SCI countries could advance health and well-being and share progress in implementing the Roadmap towards better health in small countries in the WHO European Region, 2022–2025. Ministers of health from other WHO regions (Seychelles in the WHO African Region, Barbados in the WHO Region of the Americas and Bhutan in the WHO South-East Asia Region) and from other small countries within the WHO European Region (North Macedonia and the Republic of Moldova) attended the meeting and provided insights and perspectives from their countries.

The SCI countries welcomed the WHO Regional Office for Europe initiative on **health in the well-being economy**, and agreed to use it as a model for innovation in public health. They agreed to invest in health; engage with finance, economy and labour sectors; measure progress; and share lessons learned.

The SCI countries also committed to strengthen **implementation of the noncommunicable diseases (NCDs) “best buys”** and other social and environmental interventions recommended by WHO. Furthermore, they acknowledged the urgency of addressing **commercial determinants of health** and the need for multisectoral action for NCD prevention and management, including multidisciplinary team-based models of primary health care.

The SCI countries will seek to strengthen and expand financial protection with regard to **access to medicines**, and committed to enhancing voluntary intercountry collaboration, including in horizon scanning, health technology assessment, demand pooling and joint procurement. They also agreed to adhere to the strategy on improving access to medicines and ensuring financial protection by actively participating in the WHO Regional Office for Europe’s Access to Novel Medicines Platform, and by continuing to implement World Health Assembly resolution WHA72.8 on improving the transparency of markets for medicines, vaccines and other health products.

Small countries are dealing with the **mental health** effects of the pandemic and its residuals, and there is renewed political will to transform mental health systems. Opportunities for peer mentoring/support, networks and cooperation in training across SCI countries will strengthen the capacities of the mental health workforce. Investment in evidence-based campaigns to tackle stigma, and intersectoral, multilevel and cross-border cooperation in mental health are crucial to address common challenges and shared visions in small countries. The networks offered by the Pan-European Mental Health Coalition can provide further support for mental health.

The SCI countries will continue to support and strengthen their **health workforces** by developing, integrating and implementing national human resources for health strategies. They were in favour of the organization of an executive course on human resources for health leadership and management, and offered continued technical support on retention and continuous professional development.

The capacity to govern **digital transformation in the health sector** and advance digital health literacy is accelerating in the SCI countries. Participants committed to dissemination and exchange of good practices and lessons learned in digital health and health information among the SCI countries through re-establishment of the Working Group on Digital Health and Health Information Systems.

After final consultation with the 11 ministers of health, the SCI will consider Malta's proposal on **globalization of the SCI**, thus broadening the network's outreach and increasing communication with interested small countries in other WHO regions.



Ministers of health and representatives of the 11 SCI countries and honorary guest delegations

Background

The Small Countries Initiative (SCI), established in 2013, is a platform through which 11 Member States in the WHO European Region with 2 million inhabitants or fewer work together to address common issues and share experiences to improve population health in their countries. The participating countries are Andorra, Cyprus, Estonia, Iceland, Latvia, Luxembourg, Malta, Monaco, Montenegro, San Marino and Slovenia.

In 2022, the Roadmap towards better health in small countries in the WHO European Region, 2022–2025 was endorsed at the Eighth High-level Meeting of the SCI in Bečići, Montenegro (1). In recognition of the lessons learned from the coronavirus disease (COVID-19) pandemic, to pursue agile transformation and innovation and accelerate action to that end, the Roadmap's objectives are to:

- place health and well-being high on the key political agendas of small countries
- advocate the needs of small countries at the regional and international levels
- promote investment for health and well-being, while leaving no one behind
- build a solutions platform for better health and resilient health systems and
- measure progress.

The Roadmap includes joint activities based on the three pillars of the WHO European Programme of Work (2020–2025) – “United Action for Better Health”, with a focus on COVID-19 recovery (2).

The SCI marked its tenth anniversary during the Ninth High-level Meeting on 10–12 May 2023, generously hosted by the Government of Luxembourg. This was an opportunity to celebrate achievements from the previous year's commitments and the past decade, and to look forward to determine what the SCI would focus on in the year leading up to the Tenth High-level Meeting, to be hosted by the Government of Cyprus in 2024.

Objectives of the meeting

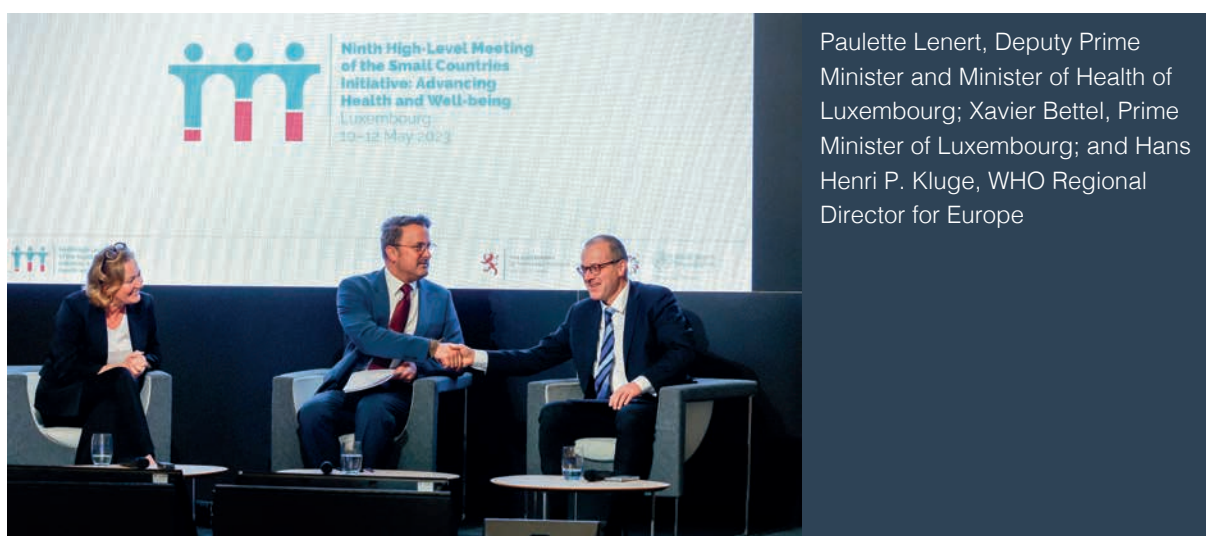
The overall objective of the Ninth High-level Meeting of the SCI was to report back on the first phase of implementation of the Roadmap. The focus was on how best to accelerate the health and well-being agenda and to leverage cooperation among small countries. The themes covered were:

- advancing health equity and well-being;
- accelerating action to tackle noncommunicable diseases (NCDs) and mental health at the community level;
- leveraging digital transformation in SCI countries;
- globalizing the SCI;
- reporting back on progress made on human resources for health and healthy tourism; and
- improving accessibility, availability and affordability of medicines.

The meeting also discussed and finalized the text of the Luxembourg Statement on advancing health and well-being (Annex 1). Excerpts from the Statement are included within the relevant sections of this meeting report. The meeting programme and list of participants are included in Annex 2 and Annex 3.

Opening of the meeting

Paulette Lenert, Deputy Prime Minister and Minister of Health of Luxembourg, opened the meeting and expressed appreciation for WHO's support. She stressed the importance of sharing what is special to small countries and of working collectively through the SCI to act jointly on the international stage and be stronger together. The Roadmap sets the scene not just for discussing but for creating solutions to common challenges faced by small countries. The pandemic showed that equity is not evident and is not a given. A study carried out in Luxembourg found many inequities within the population, especially in relation to health (3). A special challenge for Luxembourg is the health workforce, since the country depends on professionals crossing the border to work every day. The pandemic and resulting crisis are a reminder of the importance of teaming up to find solutions for small country populations, and of continuing to work together and learn from each other.



Xavier Bettel, Prime Minister of Luxembourg, noted how all political parties in the government worked as a team during the pandemic and became stronger, with the overarching aim of working for the population. Luxembourg is heavily dependent on its neighbours: more than half of the people working in the country's hospitals come from France, Germany and Belgium. Personal relationships helped to keep borders open and to keep the hospitals running. He highlighted the importance of having good relations with neighbours and of contributing to the overall development agenda (Luxembourg contributes 1% of its gross domestic product to development). He further stressed the importance of having joint projects among small countries, including exchanges among universities and technical cooperation. He concluded by reminding participants that each small country has the same vote in the World Health Assembly and the United Nations as larger countries, and working together makes everyone stronger.

Hans Henri P. Kluge, WHO Regional Director for Europe, highlighted the crucial role small countries play in addressing today's geopolitical and health issues. He recalled commitments made in 2022 in Bečići, Montenegro, at the Eighth High-level Meeting of the SCI (1), and thanked the Minister of Health of Montenegro for hosting that meeting. During the SCI's 10 years of working together, the small countries have been an inspiration as incubators for innovation. The presence at the Ninth High-level Meeting of representatives from three other WHO regions speaks to the value of strengthening interregional collaboration. He stressed that this meeting was taking place at a critical juncture: COVID-19 has only recently been downgraded from a public health emergency of international concern, but the impacts of

the pandemic and long COVID cannot be ignored. Investment in the health workforce is imperative, and health inequities and fractures in society must be healed. The Regional Director reminded participants of important upcoming events in 2023: the Seventh Ministerial Conference on Environment and Health in Hungary; the upcoming 73rd session of the WHO Regional Committee for Europe in Astana, Kazakhstan, in October 2023; the international conference on primary health care that precedes it; and the regional meeting marking 15 years of the Tallinn Charter: Health Systems for Health and Wealth (4).

Jean-Claude Schmit, Chief Medical Officer of Luxembourg, and Bettina Menne, Coordinator – Small Countries Initiative, WHO European Office for Investment for Health and Development, officially opened the Ninth High-level Meeting of the SCI and acted as co-Chairs of the Meeting.

Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems at the WHO Regional Office for Europe, stressed the importance of making the link between the valuable work of the SCI and the Regional Office. Recent important meetings in Iceland, including the High-level Forum on Health in the Well-being Economy in February and the interactive online event Towards collaboration on mental health in the SCI in March 2023, have shown that small countries have much to offer in terms of learning how to integrate better and protect the whole population through social networks and communities. The time is right to think about what countries can contribute over the next 5–10 years and to ensure that deliberations from this forum feed into wider WHO regional initiatives. Three areas are key for the SCI.

- The imminent setting up of the WHO Regional Office for Europe's Access to Novel Medicines Platform (5) and the Strategic Partners' Initiative for Data and Digital Health is an opportunity for small countries to highlight their very specific challenges in these areas. The SCI should identify which countries can take leading roles to ensure that small country-specific issues are heard at the regional level.
- A Regional Committee Framework for Action on Health Workforce, possibly accompanied by a political resolution, is available for Member State input: small countries can reflect their needs in the resolution.
- In relation to NCDs, small countries face particular issues when it comes to tackling multinational industries, and the SCI Secretariat can lend support to address these.



Delegates at the Ninth High-level Meeting of the SCI

Advancing health, equity and well-being

The aims of this session were to:

- discuss the advancement of equity and the well-being economy in small countries
- showcase country examples of implementation of the well-being economy and
- discuss how this approach can be used for innovation in public health.

Box 1 sets out the relevant excerpt from the Luxembourg Statement for this session.

Box 1. Relevant excerpt from the Luxembourg Statement

We welcome the WHO Regional Office for Europe initiative on **health in the well-being economy**, and commit to use it as a model for innovation in public health. We will contribute by investing in health, engaging with finance, economy and labour sectors, measuring progress and sharing lessons learned.

Summary of keynote presentations

Neil Gray, Cabinet Secretary for the Wellbeing Economy, Fair Work and Energy in Scotland, United Kingdom, explained why Scotland has made shifting to the well-being economy one of its core priorities. Focusing on the well-being economy is a defining mission of the Scottish Government, with equality and rights at the centre of everything it does. The Government is creating investment frameworks, mechanisms and systems to ensure that resources shift towards putting people first, embedding equality in human rights, and ensuring that economic productivity and growth serves a purpose – to improve living standards, reduce poverty and provide sustainable high-quality public services (6).

He recognized the leading role of small countries and highlighted that healthy populations and the public health sector drive economic productivity and benefit from well-being economies. Scotland's specific advances towards a well-being economy include:

- publishing an economic strategy that explicitly emphasizes well-being;
- setting up the Just Transition Commission and the Centre of Expertise in Equality and Human Rights; and
- using its National Investment Bank, City Region Deals and Regional Growth Deals, and Framework for Tax to support the well-being economy mission.

Chris Brown, Head of the WHO European Office for Investment for Health and Development in Venice, Italy, shared insights into the well-being economy: what it is and its role in health. She noted that the bottom 20% of the population in many countries are failing to thrive across four well-being indicators, with gender and socioeconomic differences. Drivers for this include the fact that economic development focuses on profit over people; inequitable distribution of opportunities and resources; and underestimation of the importance of public services, while public good is not systematically derived from private activity. When people do not benefit, trust in governments is low: trust was 40% lower among those out of work in 2022 compared to the level before the pandemic. For this reason, there is a need to invest in four essential well-being capitals – human, social, economic and planetary (7). A wide range of tools is available to shift investment, resources and spending towards well-being, including laws, well-being budgets, tax and fiscal budgets, and political bodies/mandates.

Summary of panel discussions

The panel highlighted priorities and concrete ways that small countries and the European Commission are putting well-being at the heart of government investments and decisions.

Paulette Lenert, Deputy Prime Minister and Minister of Health of Luxembourg, shared the country's well-being challenges – such as rising inequities and considering big policy and investment areas around the equity agenda that could help people to thrive. Luxembourg carried out work to understand how the pandemic hit people differently using data on people who were sick, vaccinated and in hospital, linked to socioeconomic data. The results showed that there was a significant impact on people with lower socioeconomic status, including those with migrant backgrounds (3). The importance of communicating in different languages, working closely with communities and setting up intensive work with community associations through social media also emerged. She discussed data showing that Luxembourg scores well on subjective well-being and life expectancy, but poorly on environmental sustainability due to the high number of commuters into the country.



Paulette Lenert, Deputy Prime Minister and Minister of Health of Luxembourg, and Hans Henri P. Kluge, WHO Regional Director for Europe

Willum Þór Þórsson, Minister of Health of Iceland, spoke about the position of well-being in Iceland's health policies, and how it is shaping a culture of health across the government. The economic crisis hit Iceland hard, creating significant unemployment, and shifted Iceland's thinking to incorporate broader terms of well-being. As part of the wider shift towards investment in well-being, Iceland has strategized public finance, with 39 goals around well-being connected to the fiscal strategy and the Sustainable Development Goals (SDGs). The country now also has a focus on involving young people in the labour market and on gender equality. Three new policy documents focusing on well-being – a national health policy, public health policy and mental health policy – are part of delivering the government's wider development agenda. A key lesson was to address well-being first, and economic growth will follow.

Maja Manoleva, Deputy Minister of Health of North Macedonia, spoke of the country's commitment to universal health coverage: over 90% of the population has national health insurance (8). Delivery of public health goods and policies that create conditions to ensure healthy lives for all is a national priority, and primary care is the backbone of the health system. However, the country faces many challenges. Primary care providers work in single-handed practices, and are not effective when dealing with NCDs, leading to high rates of referrals. Primary care workers cannot prescribe certain medicines or order specific diagnostic tests, which leads to unnecessary bottlenecks. Nursing is not a fully registered profession; it lacks a portfolio of services, and nurses mostly assist doctors with administrative tasks and paperwork. North Macedonia formally adopted the Astana Declaration in 2018, with a new

vision consisting of planning for high-quality, safe, comprehensive, accessible and affordable primary health care; a renewed model focusing on improving competences and roles of primary care doctors and nurses; monitoring care and health promotion; and strengthening home-based care and other outreach programmes (8).

Donata Meroni, Deputy Director of Public Health and Head of Health Monitoring and Cooperation Unit, Health Networks, European Commission, explained that well-being is a priority across the European Union (EU), as seen in the European semester process – a cycle of economic, fiscal, labour and social policy coordination within the EU – resulting in the adoption of country-specific recommendations. The 2019 Council conclusions on the economy of well-being focused on strengthening the role of employment, social, and health and education policies within the European semester process (9). Under the 2020 European Semester, a focus on boosting the resilience of health systems prevailed. The recommendations also guided the support given to Member States for investment and reform within the Recovery and Resilience Fund. Each national recovery and resilience plan contains measures for stronger health systems, and overall EU spending on health care-related measures across all the national plans amounts to €43 billion (8.6% of total spending including the recovery resilience plans) (10). Other recent EU actions are the Commission proposal on pharmaceuticals, which fosters increased availability and broader access to medicines; the Europe's Beating Cancer Plan; and work on rare diseases, mental health and digital health – specifically the European Health Data Space.

Session key messages

The session covered topics such as equity, trust, cohesion, investment and cross-sector collaboration. The following key messages emerged.

- Small countries are already undertaking work that supports advancing well-being economies and equity, with wide-ranging innovations from tax to universal health coverage.
- Health is contributing to building human, social, economic and planetary well-being capital, and is benefiting from investment in these.
- Work is also ongoing at an EU level to support investing in resilient health systems and in the wider advancement of well-being economies.
- There is a need for support and learning, including around indicators and sharing best practice, which should become a priority across governments to secure trust and solidarity. Cross-fertilization between countries makes it possible to identify how to take forward a culture of well-being and health for all, which can become an area for further collaboration among the SCI countries.

Globalizing the SCI

Session aim

In this session Chris Fearne, Deputy Prime Minister and Minister of Health of Malta, presented a proposal by Malta (in cooperation with the WHO European Office for Investment for Health and Development in Venice, Italy) on the globalization of the SCI. Malta strongly believes that there is great scope to strengthen the SCI, and to extend it outside the WHO European Region to other regions across the globe.



Chris Fearne, Deputy Prime Minister and Minister of Health of Malta

The proposal seeks to extend the SCI network of 11 health political leaders of small countries, with their technical teams, to the global level within the remit of WHO and under the leadership of the WHO Regional Office for Europe. The proposed geographically expanded network could have a thematic focus on one or two health themes to tackle in a globalized manner from a small countries perspective, such as:

- health equity
- health workforce
- access to medicines
- digital health innovation and solutions
- health and tourism
- antimicrobial resistance
- climate change and other global environmental changes
- commercial determinants of health.

Ministers of health were asked to provide their written feedback on this proposal.

Box 2 sets out the relevant excerpt from the Luxembourg Statement for this session.

Box 2. Relevant excerpt from the Luxembourg Statement

We engage to strengthen **globalization of the SCI** with other subregional groups of countries and regional bodies among WHO regions, and ask the WHO European Office for Investment for Health and Development in Venice, Italy, to broaden its outreach and increase communication with interested small countries, in accordance with global developments.



Paulette Lenert, Deputy Prime Minister and Minister of Health of Luxembourg, and Dorji Rinchen, Officiating President of the National Medical Services and Director-General of the Department of Medical Supplies and Health Infrastructure, Ministry of Health of Bhutan

Innovation in preventing and providing quality responses to NCDs

This session addressed:

- the role of commercial determinants of health in the development of NCDs
- the opportunities and barriers to enhance implementation of NCD “best buys” (11)
- an integrated approach to delivering primary care services for NCDs and
- the impact of the commercial sector on health is incredibly varied.

The WHO Regional Office for Europe developed a review of evidence of NCD implementation in small countries in preparation for this session (12). Box 3 sets out the relevant excerpt from the Luxembourg Statement for this session.

Box 3. Relevant excerpt from the Luxembourg Statement

We stress that **noncommunicable diseases (NCDs)** cause nearly 90% of deaths and 85% of years lived with disability in our countries. We recognize that we are off track to reach many internationally agreed targets and commitments, and that many cost-effective and recommended interventions to tackle NCDs remain underutilized in our countries. Risk factors for NCDs such as tobacco, alcohol, unhealthy diets, insufficient physical activity, overweight and obesity, hypertension and high blood lipids, as well as psychosocial and environmental determinants, continue to cause much of the ill health among our populations. We commit to further strengthening implementation of the NCD “best buys” and other social and environmental interventions recommended by WHO, such as developing and implementing national NCD strategies; strengthening surveillance systems; bolstering tobacco and alcohol demand reduction measures; limiting the marketing of unhealthy products; addressing overweight and obesity; and improving cancer management, drug therapies and prevention counselling. We acknowledge that the prevention of NCDs is multisectoral, and that NCD prevention and management require multidisciplinary team-based models of primary health care delivered through multiple platforms. We will strengthen NCD prevention and control in policies and action related to primary health care. We urge commercial actors to protect and improve health and health equity.

Summary of keynote presentations

Anna Gilmore, Professor of Public Health and Director of the Tobacco Control Research Group at the University of Bath, United Kingdom, spoke to participants about the commercial determinants of health. The impact of the commercial sector on health is incredibly varied, and the scale of damage from just four products (tobacco, alcohol, food, fossil fuel) is enormous: they are responsible for a large proportion of harm to health and deaths globally. Estimates suggest that the products of these four industries alone account for between 19 million and 33 million deaths per year, which is equivalent to between a third and almost two thirds of total global deaths, or between 40% and almost 80% of global deaths from NCDs (13).

Progress in reducing NCDs has been very limited to date, despite ample knowledge of effective policies. Furthermore, major corporations across industry sectors use their power and political practices to oppose effective public health policies. Diverse corporations have used lobbying to establish policy-making rules that promote their interests, creating loopholes in what is known in the EU as “better regulation” or “smart regulation”, which make it harder to pass public health or environmental policies. This “system problem” (Fig. 1) results in bottlenecks, which pose challenges to public health.

Fig. 1. Commercial determinants of health – a system problem



Source: based on Gilmore et al. (13).

Gauden Galea, Strategic Adviser to the Regional Director, WHO Regional Office for Europe, spoke about the current trends in NCDs and policies to address them in small countries. In the SCI countries, one in six men and one in 12 women above the age of 30 years die prematurely from avoidable NCDs. The challenge of reducing both gender inequity (tackling the higher risks among men) and the absolute burden of premature and avoidable NCD-related mortality is huge. The SCI countries are lagging behind the WHO European Region average in terms of meeting targets for the reduction of tobacco- and alcohol-related mortality and raised blood pressure. However, it is important to recognize that progress appears to differ somewhat depending on which targets are used to measure it (the European Programme of Work versus the SDG targets) (12). For small countries in the Region, mortality is only the tip of the iceberg: morbidity and the burden on health systems are also important. Small countries could play a crucial leadership role in achievement of the SDGs, but certain aspects – especially those related to commercial determinants of health – affect opportunities to make progress and achieve success.

Summary of panel interventions

Popi Nicolaidou Kanari, Minister of Health of Cyprus, highlighted innovative actions that Cyprus has put in place to prevent or reduce the effects of NCDs. The Ministry of Health developed a risk model to assess risks associated with toxic metals and carcinogenic substances. The country's biomonitoring programme assesses human exposure to chemicals through food, cosmetics and the environment. The model collects data on chronic dietary exposure in addition to food consumption data calculated using the population of Cyprus. This model has been circulated for use in other settings: 20 countries have received training and six have implemented it. The results can help in developing preventive actions. For example, if fish consumption is high and mercury concentrations in fish are also high, the county can advise consumers to eat less fish, thus preventing population exposure. Multidisciplinary teams are available to educate industry players as well as the public and consumers on use of the model.

Dragoslav Šćekić, Minister of Health of Montenegro, spoke about the main challenges to implementing the tobacco "best buys" in the country, which is facing a smoking epidemic, with smoking prevalence 37% higher than the global average (14). There is particular concern about new tobacco products on the market (such as vaping and e-cigarettes), especially in relation to young people. Tobacco control laws are in place, but monitoring will be increased

to ensure that laws are being followed, with stricter criminal procedures for offenders. Another problem is inadequate risk perception – especially in relation to new tobacco products, which often use aggressive marketing with messages that their products are less harmful than other types of tobacco. Tobacco legislation in Montenegro does not sufficiently address new tobacco products; thus, new amendments to the law are planned. Fiscal measures are powerful, and work to increase these is under way because the price of tobacco products is currently low. If Montenegro is to provide an effective response to NCDs and strengthen resilience to future health crises, a comprehensive integrated and transparent approach is needed that focuses on the interests of public health and citizens, not the interests of the tobacco industry.

Azra Herceg, Secretary of State at the Ministry of Health of Slovenia, reported that strong tobacco control policies are in place, including a total ban on advertising and on smoking in all enclosed public areas and workplaces. Tobacco consumption in Slovenia is now below 20%, and control measures have been particularly successful among adolescents (15). There are strong opposition policies from the industry (producers and their stakeholders), which lobbies the government heavily. Slovenia has put in place new measures for new tobacco products, such as banning flavours in e-cigarettes. Many of these are criticized by other countries, which argue that new tobacco products are less harmful than older tobacco products (a popular argument also used by producers and industry players). There is particular concern about the use of new tobacco products among children and adolescents. Slovenia is lagging behind other countries in the Region in terms of reducing both general consumption and harmful consumption of alcohol. Work is ongoing with multiple stakeholders, including schools, social services and nongovernmental organizations (NGOs) to address excess drinking. Some “best buys” for Slovenia include reaching the most vulnerable populations through a community approach – such as health promotion centres that operate within primary care, which have been developed, particularly in vulnerable areas.

Alexandre Bordero, Director, Department of Health Affairs, Ministry of Health and Social Affairs of Monaco, explained how Monaco faces specific problems in relation to bordering countries when it comes to fiscal policies. Although there is a financial agreement with France to levy the same taxes on alcohol, tobacco, gasoline and soft drinks, cross-border purchasing takes place in Italy, where products are significantly cheaper. As a result, policies in Monaco that control the cost and taxation of unhealthy products have less impact than they would in larger countries. Monaco is initiating a “One month without tobacco” campaign with France through social media and in schools, to encourage smoking cessation. Prevention campaigns – often targeting younger people in schools – tackle sedentary behaviour and unhealthy diets. For example, the “Taste week” initiative involves chefs going into schools to show children a variety of foods and vegetables. Monaco also has a strong focus on sport, and children aged 5–18 years are timetabled to have three hours of sport and two hours of swimming per week. A rowing club exists for people with decreased functioning for health reasons. Monaco has a good hospital, with specialist physicians and equipment to address NCDs – especially cancer – and it was recognized as a European Centre of Excellence for hypertension in 2021.

Sonia Browne, Minister of State, Ministry of Health and Wellness of Barbados, spoke about factors or actions that have been critical in introducing the excise tax on sugar-sweetened beverages, and obstacles encountered in the process. In Barbados, one in three children are obese, and in 2018 a special minister was appointed to tackle NCDs (16). A tax on sugar-sweetened beverages was increased from 10% to 20%, despite resistance from the industry. This resulted in a decrease in consumption and an increase in intake of non-sugary beverages – particularly bottled water. Barbados is trying to reduce sponsorship of unhealthy products, particularly for sports events. Population growth in the country is currently low, which has led to a reduction in the size of the health workforce and less money to cover social security system costs, and thus to tackle NCDs. Barbados would welcome a multisectoral

approach to tackle NCDs, involving both the Ministry of Health and the Ministry of Finance.



Delegates at the Ninth High-level Meeting of the SCI

Frederico Guanais, Deputy Head of the Health Division at the Organisation for Economic Co-Operation and Development (OECD) stressed that it is essential to strengthen economic arguments to counter industry claims challenging the NCD “best buys”, such as the misinformation that they lead to job losses and negative economic impacts. Industry figures often use biased evidence. To counter such arguments, the OECD produces its own estimates and gives policy-makers fact sheets. One example of this relates to employment: industry players argue that if taxes increase on harmful products, employment will reduce in those industries. However, this argument does not consider the broader perspective and potential offsets, such as job gains in other sectors and improved health of the population, leading to greater productivity. Therefore, it is important to be equipped to use similar arguments to those the industry uses but also to consider the net impact on the entire economy. The OECD looked at evidence on obesity in 2019, and estimated that increasing tax on sugar-sweetened beverages to 20% would either have no impact or would actually slightly increase the number of jobs and increase economic activity (17). He concluded by emphasizing that, to make progress, action is required from different ministries (such as ministries of health, finance and trade), and improved communication is needed between key stakeholders and decision-makers.

Session key messages

The session covered topics such as the challenges posed by the industry when seeking to reduce NCD risk factors and the importance of working across partners; many country examples were shared. The following key messages emerged.

- In small countries, mortality is only the tip of the iceberg: morbidity and the burden on health systems are also important. In the 11 small countries in the SCI, one in six men and one in 12 women above the age of 30 years will die prematurely from avoidable NCDs.
- The challenge of reducing both gender inequity and the absolute burden of premature and avoidable NCD-related mortality in small countries is huge.
- The SCI countries are lagging behind the WHO European Region average in terms of meeting targets for the reduction of tobacco- and alcohol-related mortality and raised blood pressure.
- Small countries face challenges concerning development and availability of new tobacco products, use of which is increasing among younger people. Insufficient policies are in place to reduce usage.
- In most small countries, increasing tax on sugar-sweetened beverages, alcohol and

tobacco is an effective way of reducing consumption, although some countries still face the challenge of cross-border purchases.

- Multisectoral and multilevel action is crucial for tackling NCDs, taking into account commercial determinants of health; corporate power and practice; political lobbying by the industry; and the need for prevention, strong policies and a resilient health and care workforce. Local, national and international action is crucial.
- The SCI countries can help to show their experience of implementing “best buys” and successful action to target NCDs. They can also play a crucial leadership role in working towards achievement of the SDGs; however, certain elements – especially those related to commercial determinants of health – are affecting their chances of making progress and achieving success.

Access to medicines

This session focused on:

- key aspects of access to medicines in small countries; and
- exploring collaborative opportunities in improving access to medicines in small countries.

In preparation for this session, the WHO Regional Office for Europe organized an online policy dialogue on access to medicines with the SCI focal points on 8 March 2023 to understand the needs for small countries. A literature review on key aspects related to access to medicines in small countries was also carried out, and a policy brief summarizing the results was prepared (18).

Box 4 sets out the relevant excerpt from the Luxembourg Statement for this session.

Box 4. Relevant excerpt from the Luxembourg Statement

We acknowledge that challenges with **access and affordability of medicines** (including novel high-cost medicines and shortages of essential medicines) are amplified in small countries. We agree to strengthen and expand financial protection associated with access to medicines, and commit to enhance our voluntary intercountry collaboration, including in horizon scanning, health technology assessment, demand pooling and joint procurement. We commit to supporting the strategy on improving access to medicines and ensuring financial protection and the Access to Novel Medicines Platform of the WHO Regional Office for Europe, and to continuing implementation of World Health Assembly resolution WHA72.8 on improving the transparency of markets for medicines, vaccines and other health products. We request that WHO ensures that the specific needs of small countries are given due attention in regional initiatives and strategies; continues discussion through the Small Countries Initiative (SCI) medicines thematic group; and reports progress to the next annual high-level meetings of the SCI.

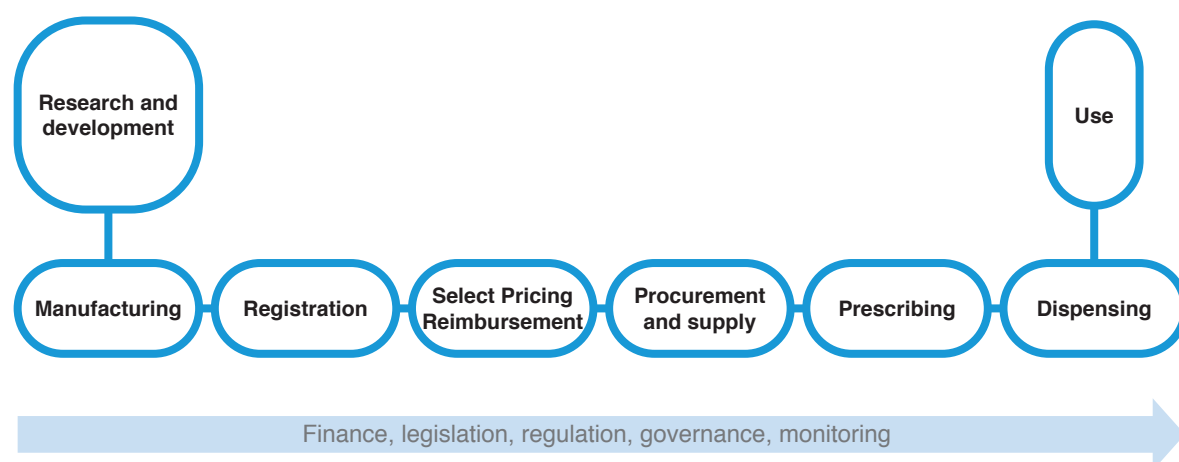
Summary of keynote presentations

Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems at the WHO Regional Office for Europe, opened the session by acknowledging that major steps in biopharmaceutical research and advances in prevention, screening, diagnosis and treatment have been made in recent decades, thanks to investment from the public

and private sectors. However, countries in the WHO European Region have voiced concern over the escalating prices and budgetary impact of novel medicines. This has resulted in restrictions to patient access, increased inequities and high out-of-pocket payments, creating financial hardship and displacing other more cost-effective medicines – for example, those for chronic conditions. Furthermore, families in the Region are facing a cost-of-living crisis and dealing with out-of-control inflation, and levels of stockouts and shortages due to disruption in supply chains are unprecedented. National health-care budgets are being stretched, and too many people risk being pushed into ill health and poverty. The Regional Office understands these challenges, and will support Member States by exploring potential policy solutions including through the Access to Novel Medicines Platform (NMP) – the first of its kind (5) – and by continuing to implement World Health Assembly resolution WHA72.8 on improving the transparency of markets for medicines, vaccines and other health products (19). At the 72nd session of the WHO Regional Committee for Europe in Tel Aviv, Israel, in September 2022, Member States gave the Regional Office the mandate to act as a neutral broker for this issue.

Sara Garner, Senior Policy Adviser, Access to Medicines and Health Products, WHO Regional Office for Europe, presented the key challenges faced by small countries with respect to access to medicines and health products, and outlined potential policy solutions that can be taken forward by the NMP (5). The chain to bring medicines and health products into the health-care system is complex – to get the right medicines made, to obtain regulatory approval to ensure they are safe and effective, to bring them into countries at prices that are affordable, to prescribe and use the medicines, and to make them available to all those that need them (Fig. 2).

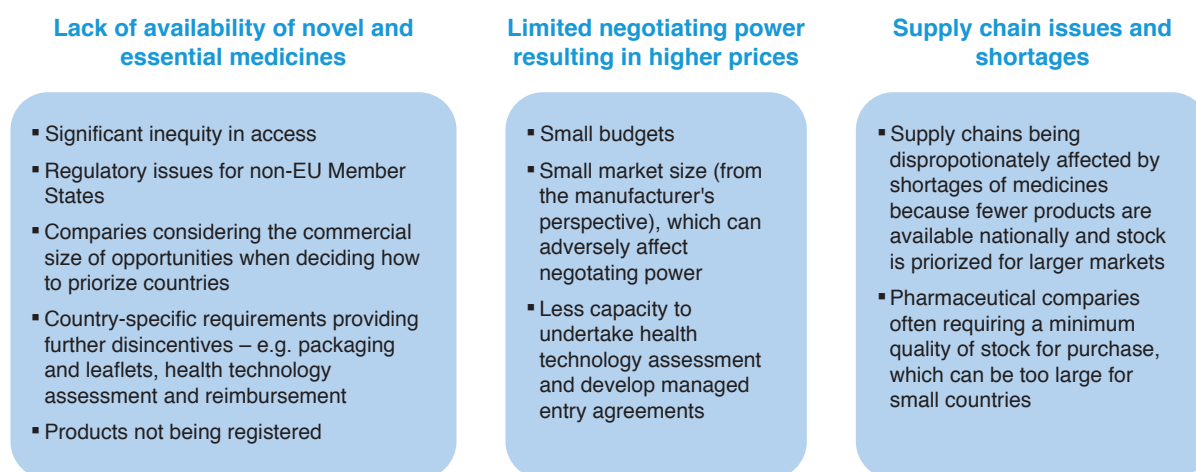
Fig. 2. The complex chain of medicines and health products



Medicines are also expensive, and involve a complex network in which the pharmaceutical sector and other private actors need to be engaged. COVID-19 brought about some changes, and novel medicines are being developed, but unmet needs still exist. The online policy dialogue with the SCI focal points revealed a double problem: all the issues faced by larger countries exist in small countries but the problems are amplified, while tools to address the issues are reduced. This leads to shortages and wastage as a result of stock sizes and high prices. For example, a small market size (from the manufacturer's perspective) and less developed health technology assessment institutions can adversely affect the negotiating power of small countries with pharmaceutical companies, leading to higher prices of novel medicines. Furthermore, development of managed entry agreements that arrange confidential discounts for novel medicines requires specialized knowledge and skills that may be less available in small countries than in large ones, leading to less favourable contractual terms for public payers (Fig 3).

The WHO Regional Office for Europe worked with Norway from 2020 to 2022 on the Oslo Medicines Initiative, which stressed the need to act urgently (20). The NMP, a unique multistakeholder platform with 53 Member States, over 50 non-State actors – including NGOs, patient organizations, civil society, philanthropic organizations – and the private sector/industry has now been launched (5).

Fig. 3. The issues and challenges faced by small countries



Summary of panel interventions

Panellists shared concrete examples of what small countries are facing, and what success would look like at evaluation. They were also asked what specifically they would like to see from the NMP.

Dragoslav Šćekić, Minister of Health of Montenegro, stressed that access to medicines is a priority for the country, and goes hand in hand with Montenegro's aim of achieving universal health coverage. The issue of shortages of narrow-spectrum antibiotics is currently a problem. The pooled procurement of tuberculosis (TB) medicines through the Global Drug Facility with WHO support is a good example of what can be done, but it is also a challenge: a small supply of these medicines must be purchased, and access needs to be ensured to maintain the TB drug supply. Shortages of narrow-spectrum penicillin and antimicrobial resistance are currently problems in Montenegro, where irrational use and misuse of broad-spectrum antibiotics is occurring. When facing shortages of essential medicines, not only action but a systematic approach and solidarity is crucial. Montenegro reiterated full support for the NMP to help in the endeavour of improving access to novel medicines for small countries.

Roberto Ciavatta, Minister of Health of San Marino, acknowledged that the country faces similar issues with access to medicines, but as a microstate its negotiating power is limited: San Marino often pays high prices and has to buy larger stocks than needed due to minimum stock purchasing requirements. Often the country experiences supply disruptions due to reliance on a larger neighbouring country (Italy). San Marino has purchased medicines directly from outside the EU process (from Brazil and some Asian countries), which enabled them to pay lower prices. San Marino welcomes working together among small countries to achieve better negotiating power.

Ala Nemerenco, Minister of Health of the Republic of Moldova, shared ongoing work on improving and simplifying processes for registration and approval of medicines, but noted

that more needs to be done to work on prices of medicines and access to medical devices, TB medicines and oncology medicines. The country now has a simplified procedures for most medicines, and a similar process was put in place for public health emergencies. The Republic of Moldova needs to put in more work on prices: the country currently accepts the lowest of three prices from tenders, and would thus welcome joint negotiation.

Popi Nicolaidou Kanari, Minister of Health of Cyprus, said that despite the country having registration of medicines as part of the EU process, prices remain high, and affordability remains an issue. This is exacerbated for novel high-cost medicines, leading to shortages and insufficient availability for patients. Shortages are also seen for antibiotics and paediatric medicines, and support is also needed in these areas. In Cyprus, local production organizations worked closely with the government to produce – and mitigate shortages of – generic medicines. The government has also developed an electronic management system that records all medicine stocks to manage and monitor available stocks; this has further helped mitigate shortages.

Hans Henri P. Kluge, WHO Regional Director for Europe, reminded participants that the Tallinn Charter: Health Systems for Health and Wealth highlighted that no one should be left unable to pay and become poor due to health care costs (4). At the 72nd session of the WHO Regional Committee for Europe in Tel Aviv, Israel, in September 2022, countries identified solutions before reaching the limit of intellectual property and patents. The topic of access to medicines is new for WHO, which is receptive to countries calling for tiered pricing and pooled procurement. Emergencies have also brought to light issues surrounding basic medicines. Now is the time for global solidarity on access to medicines in emergencies and beyond.

Session key messages

Access to medicines is a critical issue across the WHO European Region – particularly with regard to shortages and higher prices. These issues are amplified in small countries, which have fewer resources and less purchasing power. The following key messages emerged.

- Due to the small size of their markets, small countries can be disproportionately disadvantaged in the medicines market. From an industry perspective, producing small amounts of country-specific packaging and leaflets leads to diseconomies of scale in small markets, further decreasing the appeal of marketing products in these countries.
- Dedicating resources and recruiting staff with sufficient expertise in highly technical matters such as horizon scanning, health technology assessment and development of managed entry agreements can also be more difficult in small countries due to shortages in expertise. Voluntary collaboration and cooperation, supported by WHO, could alleviate this situation and make small country voices heard.
- The NMP is uniquely placed to provide a space for SCI countries to work with each other and with non-State actors, including industry and other partners, jointly to ensure equitable access for all patients in need, and to safeguard the sustainability of health-care systems and innovation of medicines.
- The members of the SCI and observers expressed support for the NMP and endorsed a proposal for a feasibility study.

Innovation in improving mental health at the community level

The aims of this session were to:

- update ministers and delegations on mental health action in small countries;
- update participants on the outcome of the online SCI meeting on mental health hosted by Iceland on 24 March 2023; and
- obtain feedback from SCI countries on possible forthcoming activities.

Box 5 sets out the relevant excerpt from the Luxembourg Statement for this session.

Box 5. Relevant excerpt from the Luxembourg Statement

We thank the Icelandic Ministry of Health and the WHO Regional Office for Europe for organizing the interactive online event Towards collaboration on mental health in the SCI, which took place on 24 March 2023. We recognize the need to **scale up the mental health workforce, address stigma, and improve the mental health of our children, adolescents and young people**. Within the SCI, we suggest strengthening cooperation with and among multidisciplinary peer-support groups and taking advantage of the networks offered by the Pan-European Mental Health Coalition in promoting continuous professional development, including through multicountry mental health university training.

Summary of keynote presentations

Ingibjörg Sveinsdóttir, Senior Adviser, Ministry of Health of Iceland, gave a short introduction to the session, highlighting the main outcomes of the interactive online event Towards collaboration on mental health in the SCI, which took place on 24 March 2023, hosted by Iceland. This was an opportunity to talk about improving the mental health and well-being of children and adolescents; strengthening capacities the mental health workforce; and addressing stigma. There was consensus that empowering people with lived experience of mental health conditions – including young people – to contribute to service delivery through professionalization and competency-based training for the workforce can bring overall improvements to mental health service delivery. To strengthen the capacities of the mental health workforce, opportunities for peer mentoring/support, networks and cooperation in training across SCI countries should be sought. Stigma can be tackled through investment in evidence-based campaigns to address this reality. Intersectoral multilevel cooperation and cross-border cooperation in mental health are crucial to address common challenges and shared visions in small countries.

Future cooperation to change mental health working conditions and culture should involve mental health professionals, politicians, people with lived experience of mental health conditions and young advocates. Mental health-related work can align with the well-being economy, and can take advantage of the networks offered by the Pan-European Mental Health Coalition.

Willum Þór Þórsson, Minister of Health of Iceland, informed participants that Icelandic health care is a three-tiered interconnected system of public and private services built upon a foundation of mental health promotion and prevention of ill mental health. The overarching emphasis is on equity, human rights, recovery, empowerment, collaboration and co-production. Iceland has recently implemented important policies focusing on improving mental health. An innovative new law coordinates all welfare services for all children and families. In addition, the country has a mental health promotion, prevention and early intervention action

plan and a suicide prevention action plan. Iceland is concerned about the mental health of children, adolescents and young adults – especially after the pandemic, with the resulting declining rates of happiness and good mental health, especially among teenage girls. There is also an increasing trend of disability, which needs to be addressed: this is why the country now places heavy emphasis on mental health promotion, prevention and early intervention. Since the Icelandic system is fragmented, a new policy aims to create effective and timely interdisciplinary mental health care that is coordinated within and between systems that support mental health and well-being. Finally, to engage and empower people with lived experience of mental health conditions, Iceland is increasing processes to professionalize peer support in mental health services and to formalize platforms to hear people's views.



Staff from one of the mental health teams working in primary health care in Reykjavik, Iceland

Ledia Lazeri, Regional Adviser – Mental Health, WHO Regional Office for Europe, said that there is now renewed political will to transform mental health systems and, since the pandemic, new levels of attention from countries. Mental health was a priority before COVID-19, so when the pandemic hit, countries were prepared to start work more intensively. Mental health activities from 2022 to the present are many. The Athens Mental Health Summit on the mental health impacts of COVID-19 addressed the importance of connectivity among young people to help them thrive; loneliness among older people; and human resources for health challenges, including the mental health of the health-care workforce and of the mental health-care workforce. Everyone is vulnerable to mental health issues, from stress to schizophrenia. For this reason, in 2020 the WHO European Framework for Action on Mental Health 2021–2025 was implemented, and the Pan-European Mental Health Coalition was created. Momentum has been building, with many events in support of improving mental health, including:

- the first meeting of the Pan-European Mental Health Coalition: from debate to action (4–5 May 2022, online) for mental health service transformation;
- the online SCI meeting on mental health hosted by Iceland (24 March 2023);
- the Global Mental Health Summit in Rome, Italy (13–14 October 2022);
- the Pan-European Mental Health Coalition meeting in Türkiye (23–24 November 2022);
- the conference on mental health and psychological support in times of crisis in Estonia (1–2 June 2023); and
- the high-level consultation on the health needs of refugees from Ukraine in Bratislava, Slovakia (28 April 2023).

The WHO Regional Office for Europe will continue to build on partnerships for mental health and work at the subregional level – including the Western Balkans (Montenegro, North Macedonia) and central Asian republics (Uzbekistan) – to support countries with their mental health challenges.

Summary of panel interventions

Helena Mas Santur , Acting Secretary of State for Health, Ministry of Health of Andorra, spoke about the need to transform mental health and addiction care in Andorra, with changes in mental health services as well as a social change. The aim is to move from a fragmented, stigmatized picture to a holistic and humanistic picture, guided by the paradigm of recovery. Reconstruction and transformation of the Andorran mental health system involve shifting from hospital-focused care to continuous, multidisciplinary, multisectoral and cross-cutting care. This involves a move from hospital-based diagnosis and treatment model to a public health model that also focuses on prevention and community action/support and on person-centred care: the goal should be to place people and the community – not disease – at the centre of the system, and to empower people to take charge of their own health rather than being passive recipients of services. This approach supports evidence that health services that focus on people's needs are more effective, cost less, improve patient engagement and are better prepared to cope with a health crisis. To reach this aim, the Andorran Ministry of Health has developed:

- a comprehensive mental health and addictions plan
- a psychology portfolio included in the public services portfolio
- a psychological care programme in the context of COVID-19 and
- a mental health forum for all mental health stakeholders.

With these actions, Andorra can transform both the structure of medical and professional care and the vision and actions of the whole society.

Paulette Lenert, Deputy Prime Minister and Minister of Health of Luxembourg, informed participants that the country is currently working on a new strategic health plan for 2023–2027, which also addresses mental health. The aim is to move closer to the community to establish a new normal. Health has several components, including physical and mental health, and awareness is required since mental health is not always visible. Luxembourg has embarked on a number of activities in support of strengthening mental health, including:

- the launch of a programme for teenagers to develop capabilities to recognize mental health issues and to be able to prevent them early;
- a strong focus on young people because of increases in anxiety among them;
- work to improve mental health in the general workforce, including assisting people facing adversity to go back to work and reintegrate;
- assisted housing if needed to keep people in their communities for as long as possible and provide them with the services they need; and
- personalization of care and local intervention teams.

Challenges for Luxembourg include a lack of consistent data on mental health and monitoring.

Popi Nicolaidou Kanari, Minister of Health of Cyprus, noted that mental health has not gained the momentum it deserves worldwide because of biases. To bring services to the community level, Cyprus implemented decentralization and upgrading of programmes within the community, prioritizing:

- improving the quality of life and well-being of patients in mental hospitals;
- personalized treatment, including reaching down into communities;
- early detection to understand the extent of and prevent the severity of mental health illnesses; and
- the importance of reintegration into society and recovery.

One example is interventions to reduce loss from suicide, using multidisciplinary teams and different outreach services, as well as a temporary hospital in the community for a more humane environment. Another is a centre for children with neurodevelopmental functioning challenges, which acts as a one-stop clinic with a focus on early diagnosis and treatment in childhood. The Government of Cyprus extends this service to refugee families, following human rights and ethical principles.

Heidi Alasepp, Deputy Secretary-General of Health, Ministry of Social Affairs of Estonia, updated participants on priorities of the new Estonian Government: health-care financing, sustainability, the health-care system and mental health. Risks to mental health include war, climate change, new viruses and fake news with resulting isolation, loneliness, stress, burnout and addiction problems. Prior to COVID-19, Estonia had no mental health policies, but the country has now put in place an action plan and policies, and a mental health department to create a national health strategy for mental health services. The current priority is provision of mental health services for refugees from Ukraine. Estonia has released a new report based on a two-year population-based mental health study, which sought to:

- assess the mental health status of the population and changes during the COVID-19 pandemic;
- identify vulnerable groups and needs for mental health support and services; and
- develop questions and indicators for monitoring mental health (21).

Estonia also provides financial support for mental health services at the local government level. The key lesson learned is that it takes one and half years for local governments to take on proposed changes and offer different mental health services to the population. Now Estonia's task is to make sure that these services are well coordinated within the overall system.

Alexandre Bordero, Director, Department of Health Affairs, Ministry of Health and Social Affairs of Monaco, informed participants that Monaco has a mental health and well-being plan with a community focus for 2022–2027 (22). It includes:

- improvements in living conditions, social inclusion of people with mental health issues and combating stigma;
- increased support for independent or supportive housing, informing the general public about mental health, thus eliminating stigma ("no patient without a solution") so that each person can have support and an integration plan adapted to their need and abilities;
- promotion of autonomy by creating a "therapeutic coordination" flat for people with mental health issues when independent housing is not possible;
- development of patient experts, including peers who can help others to break down isolation, and use of innovative approaches, including group therapy settings and virtual reality programmes; and
- inclusion of marginalized groups and marginalized people among the marginalized groups – for example, people with substance abuse and dependence issues, and incarcerated individuals – in mental health services.

The plan focuses on identification of at-risk behaviours early on, including reinforcing capacity for early detection among young people and treatment for people suffering from addiction. The legislative system can now intervene in the placement and protection of mentally ill people by offering alternative procedures. Specialized care of psychotrauma has been set up, with specific training for intervening teams and development of child psychiatry and research in psychiatry. A new psychiatry day care centre for children will open in June 2023, offering more intensive and multidisciplinary care and rehabilitation, including for developmental disorders.

Session key messages

When considering mental health, the SCI countries are leading the way in both content and strategies put in place. There is a focus on leaving no one behind (including young people and prisoners, among others), and countries are working together to ensure that this stays at the top of the agenda. The WHO Regional Office for Europe has made a commitment to mental health through its European Programme of Work Flagship programme on mental health (2). The following key messages emerged.

- Data improvement is vital. Countries noted the lack of data and mental health indicators need to be refined as part of the European Programme of Work framework.
- Everyone is vulnerable and susceptible to mental health challenges, including the health workforce.
- Mental health service transformation relies on partnerships and collaboration, including involvement of people with lived experience of mental ill health and young people.
- Despite the diversity of countries within the Region, all countries have common challenges and shared solutions.

Information session

Patricia Carmona Redondo, Programme Officer, Market Intelligence and Competitiveness Department, World Tourism Organization (UNWTO), shared insights on the recovery of tourism following the COVID-19 pandemic, highlighting the strong connection between health and tourism that became especially evident during the crisis. Despite being severely affected, the tourism sector has displayed resilience. International tourist arrivals in Europe have already recovered by 50%, and were only 10% below pre-pandemic levels in the first quarter of 2023, thanks to the lifting of travel restrictions and widespread vaccination. Notably, the SCI countries have shown a positive upward trend, nearly reaching the same level of tourist arrivals as in 2019. She emphasized the significance of health and well-being in the context of tourism for several reasons.

- The COVID-19 pandemic underscored the strong interdependence of health and tourism, emphasizing the importance of reducing risks and enhancing resilience to future shocks, crises and pandemics. Strengthening health systems is essential in achieving this.
- It is crucial to develop a more sustainable tourism model that prioritizes social inclusion and the conservation of the environment, while ensuring safety and public health. This approach aligns with the concept of “building back better”.
- Establishing enduring collaborations between public health and tourism is essential not only for the competitiveness of the tourism sector but also as a natural defence against future pandemics.

Following the presentation, Bettina Menne, Coordinator – Small Countries Initiative, provided an update on the creation of a Coalition of Partners on Health and Tourism, resulting from the Eighth High-level Meeting of the SCI, jointly coordinated by the WHO Regional Office for Europe and UNWTO (23). She announced that nomination letters for joining the Coalition would be sent out to all small countries in the near future.



Patricia Carmona Redondo,
Programme Officer, Market
Intelligence and Competitiveness
Department, UNWTO

Signing of the Luxembourg Statement

Following the tradition of previous SCI high-level meetings, the Luxembourg Statement was signed by Paulette Lenert, Deputy Prime Minister and Minister of Health of Luxembourg, and Hans Henri P. Kluge, WHO Regional Director for Europe. Annex 1 features the full text of the Statement.



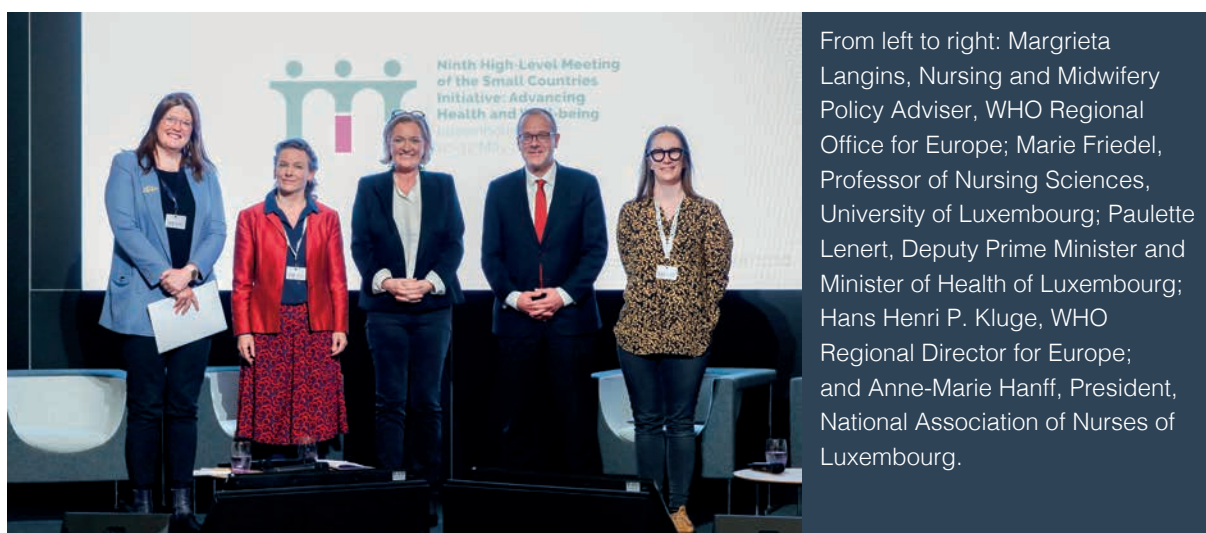
Paulette Lenert, Deputy Prime
Minister and Minister of Health of
Luxembourg, and Hans Henri P.
Kluge, WHO Regional Director for
Europe

Celebration of International Nursing Day

This session celebrated International Nursing Day, 12 May: the birthday of Florence Nightingale. Margrieta Langins, Nursing and Midwifery Policy Adviser at the WHO Regional Office for Europe, opened the session reminding participants that the celebration is an opportunity to

take stock of achievements and to look forward to the next year to where countries want and need the profession to be. Much work has been carried out by countries and the Regional Office to accelerate efforts to support the health and care workforce radically. The WHO report *Health and care workforce in Europe: time to act* (24) and the Bucharest Declaration (25) have placed an unprecedented focus on what countries can and must do to support health-care workers, including nurses. The pandemic and the war in Ukraine have shown clearly just how much countries cannot take their eyes off the many things that shape and guide the health-care workforce towards excellence.

Paulette Lenert, Deputy Prime Minister and Minister of Health of Luxembourg, acknowledged that the nursing profession in Luxembourg has seen a boost over the past few years that should have started years ago. Luxembourg now has a chief nursing officer to give a place to nurses at the policy level. Education of nurses is key: a bachelor's degree for nurses will start in September 2023, with the expectation that this will attract people to the career. Luxembourg is completely dependent on a workforce commuting from France, Belgium and Germany, and this is even more reason to increase the number of nurses in the country. Technology and the skills mix required for nursing are also changing, and these issues need to be addressed. A consultation process is under way with nurses, institutions and those working with patients, with the aim of updating all components of the nursing profession by means of legislation. Luxembourg has also launched a promotion campaign to spotlight the nursing career and attract young people. She thanked WHO for its expertise and for the support given to nurses.



Hans Henri P. Kluge, WHO Regional Director for Europe, reminded participants that a health system is only as strong as the health workers who sustain it, and highlighted the key role nurses play in providing life-saving care: nurses are available for patients day and night; they also keep health-care systems together, as seen during the COVID-19 pandemic. He stressed the importance of finding ways to retain nurses by making the profession attractive, safe and fulfilling, considering mental health and social support as well as a healthy work-life balance. Nurses need evidence- and research-based training throughout their careers. Their needs and interests should also be heard, and governments and health authorities are encouraged to act urgently and prioritize nursing personnel – and indeed the entire health and care workforce – to whom society is in debt.

Marie Friedel, Professor of Nursing Sciences at the University of Luxembourg, who is in charge of academic training for nurses in Luxembourg, spoke about the important role of academic education of nurses and opportunities in Luxembourg to support retention and a fit-for-purpose nursing workforce. The pandemic created new roles for nurses, and the Government of Luxembourg invested significantly in nursing education. The country does

not have enough nurses: they are a rare resource that needs to be nurtured. Embracing the complexity of nursing will be a main element of nursing education in Luxembourg, and the new nursing bachelor's degree will expose them to research for clinical practice. It is also important to educate highly skilled bedside nurses, and offer them chances to continue their careers. Collaboration with stakeholders at the clinical, education and political levels is key to empowering nurses and ensuring that they can assume their roles in the complexity of care with new profiles of patients in new health-care centres.

Anne-Marie Hanff, President of the National Association of Nurses of Luxembourg, representing the nursing and midwifery workforce in Luxembourg, presented preliminary evidence from an ongoing study on the impact of the pandemic on nurses. The results showed declining satisfaction with the job, and many nurses reported interest in advanced practice roles. Lack of clarity of nursing roles seems to have the highest impact on nurses that work outside hospitals, since they work alone and cannot make decisions without a doctor's prescription due to outdated legal frameworks. Such frameworks should promote further development of nursing practices, and strengthen their decision-making power. Nursing attrition and burnout needs addressing; resources such as breaks and digitalization help, but work overload and time pressure are equally important. Finally, nurses need access to evidence-based practice on the job, mental health support and a seat at the table where strategic decisions take place.

The WHO Regional Director for Europe closed the session by saying that the biggest advocate of nurses is a nurse's child (as he was). He stressed the importance of direct contact and working on the front line, the absence of which makes populations vulnerable. In the WHO European Region, post-traumatic stress is as high as 23% in nurses, and burnout rates are beyond 50%. There is a shortage of 1 million nurses in the Region, with retirement and attrition rates higher than 20%. Nurses are with people in both the happiest and the most difficult moments of their lives. Being a nurse requires time, skill, empathy and quick thinking. The nursing pay gap needs addressing: 90% of the nursing workforce is made up of women, yet there is still a significant gender salary difference. Nursing also encompasses a higher proportion of racial minority and migrant populations than other parts of the workforce. This is not a looming crisis – it is here. The time to act and care for nurses and midwives is now.

Update on progress on advancing human resources for health

The aims of this session were to:

- update the SCI countries on the outcomes of the High-level Regional Meeting on Health and Care Workforce in Europe, including the Bucharest Declaration on the health and care workforce (25);
- report back on progress in development of national strategies for human resources for health; and
- contribute to the forthcoming discussion on health workforce at the 73rd session of the Regional Committee for Europe in Astana, Kazakhstan, in October 2023.

A progress report on the development of national strategies for human resources for health (HRH) in SCI countries was presented, setting out the status of national HRH strategy development and actions currently under way to strengthen the health and care workforce (26). The report identifies the current and most pressing HRH needs of the countries, using the SCI Working Group on Human Resources for Health as a key convening mechanism.

Box 6 sets out the relevant excerpt from the Luxembourg Statement for this session.

Box 6. Relevant excerpt from the Luxembourg Statement

We are pleased that our countries are making progress in meeting their health-care workforce challenges, collaborating multilaterally with the support of the SCI Working Group on Human Resources for Health. Further action across the SCI countries will be on agreed priorities, development and implementation of national human resources for health strategies, organization of an executive course on human resources for health leadership and management, and technical support on retention and continuous professional development. This will be aligned with the Region-wide draft framework for action on the health and care workforce currently in development and the recently adopted Bucharest Declaration on the health and care workforce.

Summary of keynote presentation

Tomás Zapata, Regional Adviser – Health Workforce and Service Delivery, WHO Regional Office for Europe, shared highlights from the High-level Regional Meeting on Health and Care Workforce in Europe held in Bucharest, Romania, on 22–23 March 2023, and the HRH progress made to date across small countries in the WHO European Region. The WHO report *Health and care workforce in Europe: time to act* features 15 good practices throughout the Region, 53 country HRH profiles and 10 actions to strengthen the health and care workforce (24). It shows that all countries in the Region face a health workforce crisis, but small country challenges are different.

Health workforce shortages are worsening because of ageing populations, an increase in chronic disease prevalence, increased patient expectations and the COVID-19 backlog. Poor working conditions, attracting health workers to underserved areas, insufficient recruitment in primary health care and the need for health workers in long-term care, rehabilitation and mental health services are all issues that need addressing. Skill mismatches prevail, with underuse of digital health tools and limited integration of services, lack of gender-responsive services, inadequate health workforce governance and insufficient investment. The feminization of the health workforce also presents a persistent gender pay gap that needs to be tackled.

A framework for action on the health and care workforce and a resolution on the health and care workforce will be tabled at the 73rd session of the WHO Regional Committee for Europe in Astana, Kazakhstan, in October 2023. Small countries can benefit from action on training and skills development, retention and continuous professional development, including an executive course on HRH leadership and management (planned for the end of 2023).

Summary of panel interventions

Panellists spoke about their HRH priorities and how they are developing and implementing policy responses to these.

Roberto Ciavatta, Minister of Health of San Marino, informed participants that San Marino is working on three fronts. First, the country is building a new hospital, with a structure planned with the health workforce in mind to make it more functional for them to carry out their work. San Marino has an ageing workforce and shortages, so incentives to maintain workers post-retirement age are now in place. Finally, future doctors and nurses are to be offered the opportunity to have their university expenses covered in full if they agree to stay and work in the country. San Marino also facilitates the hiring of health-care workers, and encourages employment in the health-care system by helping workers find accommodation when they come to work in the country.

Jean-Claude Schmit, Chief Medical Officer of Luxembourg, informed participants about a strategic plan for the health workforce that will form part of a larger national plan. Luxembourg is in dire need of health professionals; the country has many physicians working part time or in other parts of the health system, but insufficient numbers working directly with patients. The country also faces the challenge of an ageing population, while at the same time expecting the population to grow by one third (a 2.5% increase) over the next decade.

Heidi Alasepp, Deputy Secretary-General of Health, Ministry of Social Affairs of Estonia, said that there are 4500 doctors in the country and 1000 of these are over the age of 60 years. Estonia also lacks health-care workers, although efforts have been made to increase the number of nursing and health professionals. In 2022, Estonia signed an agreement between the Ministry of Health, the Ministry of Education and colleagues from various professional societies, with the aim of bringing more nurses into the health system. Some time ago, the salary for health-care workers was low so many health professionals left the health sector and worked in other areas. Estonia has embarked on two important projects. One seeks to bring nurses and doctors back to the health-care sector over an eight-year period, with the result that 200 nurses have returned, and more doctors have finished their studies. Another project focuses on good working conditions and increased salaries, with increased use of technology to support health workers' tasks. Social partners recently signed a collective agreement to increase salaries of health workers, resulting in an increase of 20% in April 2023 and another planned 20% increase in 2024. The pandemic forced decision-makers and civil society to talk more about health care and the health workforce.

Frederico Guanais, Deputy Head of the Health Division at the OECD, spoke about OECD analyses of HRH policy and strategy development. The OECD recently carried out a review for Luxembourg across the whole of government. The health chapter identified the high presence of cross-border doctors: in 2019, 60% of health-care professionals, 20% of general practitioners and 30% of specialist doctors lived abroad (27). Luxembourg also has the lowest density of doctors across the EU, and the highest nurse to doctor ratio – the nurse workforce is under enormous pressure (28). Estonia saw a drop in rates of graduating doctors and nurses between 2017 and 2020, with growing shortages in rural areas (29). Slovenia faced problems with recruitment of the primary care workforce, and introduced measures giving advanced roles to nurses. The primary care workforce has many issues to resolve, such as the definition of a primary care doctor (a general practitioner, a family physician, an internal medicine doctor) and whether certain specialists can be considered primary care doctors (a working group is currently discussing these issues) (30). With regard to community health workers, some countries rely heavily on them, but these data not yet collected in small countries. If they are not measured, then real needs are unknown. The OECD tries to look at these numbers and help countries understand the issues and find solutions.

Donata Meroni, Deputy Director of Public Health and Head of Health Monitoring and Cooperation Unit, Health Networks, European Commission spoke about Commission support for the health workforce, which is a key priority of its health systems work over the next three years. A lot of work is under way with Member States and stakeholders such as the International Labour Organization and the OECD. The pandemic made it possible to put in place new actions. The European Commission has invested in projects on medical deserts, staff retention and task shifting. Some small countries such as Cyprus and Estonia participate in these projects, which address countries' specific needs. The HEROES Joint Action project focuses on improving the health-care workforce planning capacities of European countries to ensure accessibility, sustainability and resilience of health-care services (31). A new partnership on health skills has also been set up in the context of Erasmus+, the EU's programme to support education, training, young people and sport in Europe, focusing on skills strategy and innovative curricula for health professionals (32). Seven training projects focused on digital skills of health professionals are also under way in Estonia, with modules for doctors,

nurses and non-clinical staff, with the involvement of Cyprus, Estonia and Slovenia. Finally, a focus on sharing of best practices is also seen as important to the European Commission.

Session key messages

This session provided an opportunity for countries and organizational representatives to share their experiences with regard to the health workforce. The following key messages emerged from the session.

- Many rapid, positive policy and regulatory changes took place during the pandemic; countries should try to retain the positive benefits of those rapid changes, even if they were temporary, because they can facilitate key issues such as team-working and multidisciplinary.
- Small countries found solution- and action-oriented approaches useful; this also led to recognition that more progress can be made collectively than as individual countries.
- Primary care, community care and volunteers should be considered a full part of the health workforce.
- The investment agenda should be targeted with advocacy and evidence if personnel numbers are to increase. The health workforce consists of people, and health systems need to look after them.
- Hospital design should be functional and consider health workforce on-the-job needs.
- A proposal was made to:
 - consider sending one or two representatives per small country to the newly established health workforce leadership management course to help adapt it to the needs of small countries;
 - nominate one small country representative to be part of the HRH resolution-drafting process and help shape the resolution that will go to the 73rd session of the WHO Regional Committee for Europe in Astana, Kazakhstan, in October 2023.

Leveraging digital transformation in small countries

The aims of this session were to:

- provide a comprehensive understanding of the Region's current state of digital health; and
- guide future efforts to improve digital health programmes in small countries.

Box 7 sets out the relevant excerpt from the Luxembourg Statement for this session.

Box 7. Relevant excerpt from the Luxembourg Statement

We welcome the fact that in all our countries the capacity to **govern digital transformation in the health sector and advance digital health literacy** is accelerating. Further needs include provision of mandatory training for health workers and students; development of digital inclusion plans and policies to ensure that everyone has access to digital technologies; establishment of regulatory oversight entities to ensure the quality, safety and reliability of mobile health applications; and development of a national data strategy and policy for the use of Big Data and advanced analytics in health care. We suggest promoting the dissemination and exchange of good practices and lessons learned in digital health and health information among small countries through re-establishment of the Working Group on Digital Health and Health Information Systems.

Summary of keynote presentation

David Novillo, Regional Adviser, WHO Regional Office for Europe, provided participants with information on the Regional digital health action plan for the WHO European Region 2023–2030 (33), which has the following five guiding principles:

- placing the individual at the centre of trustworthy care delivered digitally
- understanding health systems challenges
- recognizing the need for policy-making based on data
- leveraging digital transformation to reimagine the future of health systems and
- recognizing that institutionalization of digital health requires long-term commitment.

The plan also has four strategic objectives, with several key regional focus areas and identified illustrative actions:

- norms and technical guidance
- country support
- networking and knowledge exchange
- horizon scanning and scale-up.

He presented a small country-specific snapshot from a digital health survey conducted in the 53 Member States in the WHO European Region. This revealed that 73% of SCI countries have a national digital health strategy or policy, either standalone or included in national health strategies or policies, and 64% have a national health information system strategy or policy, standalone or included in a national digital health strategy or policy. In many small countries, public funding is available for digital health programmes, and some countries also have digital inclusion strategies or policies in place. The full survey report will be published at a digital health symposium in Porto, Portugal, later in 2023.



Latvia makes digital technologies a part of everyday medical practice

The SCI countries have made substantial progress in adopting digital health programmes and initiatives to improve health-care delivery and outcomes. However, to reach the full potential

of these programmes, some areas need further development. Specifically, there is a need to focus on areas such as enhancing digital health literacy among health-care professionals and students, devising strategies to promote digital health inclusion, developing policies for utilizing Big Data and advanced analytics in the health-care sector, and ensuring proper oversight and evaluation of digital health initiatives and programmes.

Summary of panel interventions

The panel shared small country digital health transformation experiences and approaches to prepare the health workforce, and measures to ensure that digital technologies are accessible and effectively utilized by all.

Aiga Balode, Secretary of State, Ministry of Health of Latvia, shared the country's twofold approach to digital health – one for the ministry, and the other one for the digital sector as a whole. Latvia uses a centralized approach to digitalization – a ministry responsible for digitalization acts as the driver for digitalization in the public sector, putting rules in place, and a special committee for digitalization comprises representatives of several ministries. All digital training and websites are centralized, and a chatbot handles 40% of questions from the public. On the other hand, the health sector is free to decide how to approach digitalization, which makes it a challenge to stay focused. The Ministry of Health has learned that achieving a balance and understanding the real need for a tool (not just an interest in the technology) is important. To reduce digital inequities, medical students in Latvia receive training on how to reach the population inclusively by digital means. The country has invested in a training course on the human perspective as applied to technology to make digital technologies accessible and effectively utilized.

Neville Calleja, Director, Directorate for Health Information and Research, Ministry of Health of Malta, said that Malta has experienced some resistance to change from the workforce, but the country is at a turning point. Malta's health-care workforce strategy includes digitalization of health care and capacity-building of health-care workers on digital skills. Furthermore, more digitally enabled individuals are joining the health-care workforce. The pandemic has been a driving force for improved digitalization; it is now a critical component of primary care services. Further efforts are under way to encourage the health-care workforce to invest in digital health education, and a master's degree is now offered by the University of Malta. Nudging is still necessary: digital health training is now a part of induction training, and is required to get access to electronic health records. Digital health innovations used during the pandemic are now integrated into the health system; a patient portal for direct access to health records went from having 40 000 users pre-pandemic to 170 000 users post-pandemic (tests, vaccines and certificates increased demand). Many different means are available to get started – if an elderly person cannot access their digital records directly, they can complete a paper form delegating their children and/or carers to access it on their behalf, bridging the digital divide. Malta will focus on developing digital health literacy in the near future.

Session key messages

This session provided an opportunity for countries to share their experiences with regard to digital health transformation as well as challenges faced. The following key messages emerged from the session.

- The pandemic gave digital health technologies a larger role. Nonetheless, digital health and the health workforce should work in tandem: any health workforce strategy should have a digital health component, while at the same time the needs of the health workforce should be part of any digital health plan and strategy.

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- Digitalization can bridge inequities and transform health services through better health literacy and identification of those who fall behind. Digital health technologies should not increase inequities especially among older people or people with lower education or income levels, who are often those with the greatest health needs.
 - Digitalization is attractive and dynamic, but it is important to invest in digital tools that will ultimately improve the health of patients and make work easier for the health workforce.
 - Non-health ministries often lead digitalization strategies; for this reason, small countries need invest with partners outside health to improve population digital health literacy.

Meeting conclusions



All participants at the Ninth High-level Meeting of the SCI

The Ninth High-level Meeting of the SCI ended on a jubilant note, with offers from Cyprus to host the Tenth High-level Meeting in 2024 and from Slovenia to host the Eleventh High-level Meeting in 2025.

Bettina Menne, Coordinator – Small Country Initiative, expressed gratitude to everyone from the organizing team in Luxembourg, with Paulette Lenert, Deputy Prime Minister and Minister of Health, and Jean-Claude Schmit, Chief Medical Officer, at the helm. She explained that the host country proposes the technical content, which is discussed with the other countries. Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems at the WHO Regional Office for Europe, thanked all participants for their active engagement in the meeting.



Specific follow-up will take place in the coming months on issues such as the health workforce, digital health transformation and access to medicines. Hans Henri P. Kluge, WHO Regional Director for Europe, thanked both future meeting host countries for their generous offers, and expressed appreciation to all participants. He asked ministers to publicize this tenth anniversary meeting of the SCI at the upcoming World Health Assembly. He reiterated that the WHO Regional Office for Europe is very committed to the SCI network, and has heard the call to expand it gradually. Most important is the work that takes place between the meetings: countries can rest assured that a clear plan is in place. He closed by saying that health workers have the noblest job in the world: health may not be everything, but without health there is nothing.



The Luxembourg team

Front row, seated, left to right: Caroline Verhoeven, Communications Officer; Jean-Claude Schmit, Chief Medical Officer; Sam Glodt, Conference Coordinator; and Julia Bensimon, Communications Officer, Ministry of Health and Directorate of Health of Luxembourg

Back row, left to right: Julia Feilen, Head of Communications; Elsa Rodrigues, Communications Officer; Nicolas Bouriez, Infrastructure and Logistics Department; Rayene Boumerdas, Student; Alexandra Forétová, Communications Officer; Annik Reding, Communications Officer; Julie Darné, Communications Officer; José Coelho, Infrastructure and Logistics Department; and Heather Kremer, Communications Officer, Ministry of Health and Directorate of Health of Luxembourg



The WHO team

Left to right: Margrieta Langins, Nursing and Midwifery Policy Adviser, WHO Regional Office for Europe; Alihan Berdiyev, Technical Officer, Regional Director's Division, WHO Regional Office for Europe; Bettina Menne, Coordinator – Small Countries Initiative, WHO European Office for Investment for Health and Development; Lazar Nikolić, Programme Assistant, WHO European Office for Investment for Health and Development; Hans Henri P. Kluge, WHO Regional Director for Europe; Milena Carmina Oikonomou, WHO Consultant – Tourism and Health, WHO European Office for Investment for Health and Development; Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe; James Buchan, WHO Consultant, Health Workforce and Service Delivery, WHO Regional Office for Europe; Sarah Garner Acting Programme Manager, Health Technologies and Pharmaceuticals, WHO Regional Office for Europe; Liliana Yanovska, Assistant to the Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe; Aiga Rurane, WHO Representative, WHO Country Office, Slovenia; Tarang Sharma, Technical Officer, Novel Medicines Platform, WHO Regional Office for Europe; Kristina Köhler, Liaison Officer, WHO Country Office, Estonia; Cristina Da Rold – WHO Consultant, Communications, WHO European Office for Investment for Health and Development; Tomás Zapata – Regional Adviser – Health Workforce and Service Delivery, WHO Regional Office for Europe; and Leda Nemer, WHO Consultant, WHO European Office for Investment for Health and Development

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Annex 1. The Luxembourg Statement

Luxembourg Statement on advancing health and well-being

Ninth High-level Meeting of the Small Countries Initiative 10–12 May 2023, Luxembourg

We, the Ministers and high-level delegates of the Member States of the Small Countries Initiative with populations of 2 million and fewer, and partners, met in person in Luxembourg on 10–12 May 2023 to attend the Ninth High-level Meeting of the Small Countries Initiative: advancing health and well-being. This was an opportunity to share our progress in implementing the Roadmap towards better health in small countries in the WHO European Region, 2022–2025,² and to address the growing challenges of small countries in our Region and beyond.

1. We welcome the WHO Regional Office for Europe initiative on **health in the well-being economy**,³ and commit to use it as a model for innovation in public health. We will contribute by investing in health, engaging with finance, economy and labour sectors, measuring progress and sharing lessons learned.
2. We stress that **noncommunicable diseases (NCDs)** cause nearly 90% of deaths and 85% of years lived with disability in our countries. We recognize that we are off track to reach many internationally agreed targets and commitments, and that many cost-effective and recommended interventions to tackle NCDs remain underutilized in our countries. Risk factors for NCDs such as tobacco, alcohol, unhealthy diets, insufficient physical activity, overweight and obesity, hypertension and high blood lipids, as well as psychosocial and environmental determinants, continue to cause much of the ill health among our populations. We commit to further strengthening implementation of the NCD “best buys”

and other social and environmental interventions recommended by WHO, such as developing and implementing national NCD strategies; strengthening surveillance systems; bolstering tobacco and alcohol demand-reduction measures; limiting the marketing of unhealthy products; addressing overweight and obesity; and improving cancer management, drug therapies and prevention counselling. We acknowledge that the prevention of NCDs is multisectoral, and that NCD prevention and management require multidisciplinary team-based models of primary health care delivered through multiple platforms. We will strengthen NCD prevention and control in policies and action related to primary health care. We urge commercial actors to protect and improve health and health equity.

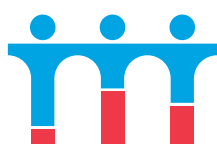
3. We acknowledge that challenges with **access and affordability of medicines** (including novel high-cost medicines and shortages of essential medicines) are amplified in small countries. We agree to strengthen and expand financial protection associated with access to medicines, and commit to enhance our voluntary intercountry collaboration, including in horizon scanning, health technology assessment, demand pooling and joint procurement. We commit to supporting the strategy on improving access to medicines and ensuring financial protection and the Access to Novel Medicines Platform of the WHO Regional Office for Europe, and to continuing implementation of World Health Assembly resolution WHA72.8 on improving the transparency of markets for medicines, vaccines and other health

² Roadmap towards better health in small countries in the WHO European Region, 2022–2025. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/354487>, accessed 9 May 2023).

³ Health in the well-being economy: background paper: working together to achieve healthy, fairer, prosperous societies across the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2023 (<https://apps.who.int/iris/handle/10665/366228>, accessed 9 May 2023).

products. We request that WHO ensures that the specific needs of small countries are given due attention in regional initiatives and strategies; continues discussion through the Small Countries Initiative (SCI) medicines thematic group; and reports progress to the next annual high-level meetings of the SCI.

4. We thank the Icelandic Ministry of Health and the WHO Regional Office for Europe for organizing the interactive online event Towards collaboration on mental health in the SCI, which took place on 24 March 2023. We recognize the need to **scale up the mental health workforce, address stigma, and improve the mental health of our children, adolescents and young people**. Within the SCI, we suggest strengthening cooperation with and among multidisciplinary peer-support groups, and taking advantage of the networks offered by the Pan-European Mental Health Coalition in promoting continuous professional development, including through multicountry mental health university training.
5. We are pleased that our countries are making progress in meeting their **health-care workforce** challenges, collaborating multilaterally with the support of the SCI Working Group on Human Resources for Health. Further action across the SCI countries will be on agreed priorities, development and implementation of national human resources for health strategies, organization of an executive course on human resources for health leadership and management, and technical support on retention and continuous professional development. This will be aligned with the Region-wide draft framework for action on the health and care workforce currently in development and the recently adopted Bucharest Declaration on the health and care workforce.⁴
6. We welcome the fact that in all our countries the capacity to **govern digital transformation in the health sector and advance digital health literacy** is accelerating.⁵ Further needs include provision of mandatory training for health workers and students; development of digital inclusion plans and policies to ensure that everyone has access to digital technologies; establishment of regulatory oversight entities to ensure the quality, safety and reliability of mobile health applications; and development of a national data strategy and policy for the use of Big Data and advanced analytics in health care. We suggest promoting the dissemination and exchange of good practices and lessons learned in digital health and health information among small countries through re-establishment of the Working Group on Digital Health and Health Information Systems.
7. We engage to strengthen **globalization of the SCI** with other subregional groups of countries and regional bodies among WHO regions, and ask the WHO European Office for Investment for Health and Development in Venice, Italy, to broaden its outreach and increase communication with interested small countries, in accordance with global developments.
8. We thank the SCI secretariat at the WHO European Office for Investment for Health and Development for its continued attention to the needs of small countries, outreach and training, and for the enabling mechanisms put in place, and will further support the secretariat's efforts.



**Ninth High-Level Meeting
of the Small Countries
Initiative: Advancing
Health and Well-being**
Luxembourg
10–12 May 2023



**World Health
Organization**

European Region

⁴ Bucharest Declaration on the health and care workforce. Copenhagen: WHO Regional Office for Europe; 2023 (<https://apps.who.int/iris/handle/10665/366519>, accessed 9 May 2023).

⁵ Regional digital health action plan for the WHO European Region 2023–2030. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/360950>).

Annex 2. Programme

Wednesday 10 May 2023

19:00 Welcome reception

Lydie Polfer, Mayor of Luxembourg City
Luxembourg City History Museum

Thursday 11 May 2023

Cercle Cité (Cercle Municipal)

Meeting co-Chair: Jean-Claude Schmit, Chief Medical Officer, Luxembourg

Time	Session
09:00–09:30	Official opening <ul style="list-style-type: none"> Paulette Lenert, Deputy Prime Minister and Minister of Health, Luxembourg Xavier Bettel, Prime Minister of Luxembourg Hans Henri P. Kluge, WHO Regional Director for Europe
10:00–11:00	Introduction <ul style="list-style-type: none"> Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe Advancing health, equity and well-being <p><i>Moderator: Gundo Weiler, Director, Country Support Emergency Preparedness and Response, WHO Regional Office for Europe</i></p> <p>The aims of this session are to:</p> <ul style="list-style-type: none"> discuss the advancement of equity and the well-being economy in small countries; showcase country examples of implementation of the well-being economy; and discuss how this approach can be used for innovation in public health. Presentations <ul style="list-style-type: none"> Neil Gray, Cabinet Secretary for the Wellbeing Economy, Fair Work and Energy (Scotland, United Kingdom) (online) Chris Brown, Head, WHO European Office for Investment for Health and Development Heads of delegation panel <ul style="list-style-type: none"> Paulette Lenert, Deputy Prime Minister and Minister of Health, Luxembourg Willum Þór Þórsson, Minister of Health, Iceland Maja Manoleva, Deputy Minister of Health, North Macedonia Donata Meroni, Deputy Director of Public Health and Head of Health Monitoring and Cooperation Unit, Health Networks, European Commission <p>Concluding remarks</p>

Time	Session
11:00–11:10	<p>Globalizing the Small Countries Initiative (SCI)</p> <ul style="list-style-type: none"> Chris Fearne, Deputy Prime Minister and Minister of Health, Malta (online)
11:10–12:30	<p>Innovation in preventing and providing quality responses to noncommunicable diseases</p> <p><i>Moderator: Kremlin Khamarj Wickramasinghe, Regional Adviser – Nutrition, Physical Activity and Obesity, Division of Country Health Policies and Systems, WHO Regional Office for Europe</i></p> <p>The aims of this session are to:</p> <ul style="list-style-type: none"> discuss the role of commercial determinants of health in the development of noncommunicable diseases (NCDs) and strategies to address them; explore opportunities and barriers to enhance the implementation of the NCD “best buys” in small countries; and consider the integrated approach to delivering primary health-care services to provide high-quality responses to NCDs. <p>Presentations</p> <ul style="list-style-type: none"> Anna Gilmore, Professor of Public Health, Bath University, United Kingdom (online) <i>Commercial determinants of health</i> Gauden Galea, Strategic Adviser to the Regional Director, WHO Regional Office for Europe (online) <i>Update on NCD action in small countries in the WHO European Region</i> <p>Heads of delegation panel</p> <ul style="list-style-type: none"> Popi Nicolaidou Kanari, Minister of Health, Cyprus Dragoslav Šćekić, Minister of Health, Montenegro Sonia Browne, Minister of State, Ministry of Health and Wellness, Barbados Azra Herceg, Secretary of State, Ministry of Health, Slovenia Alexandre Bordero, Director, Department of Health Affairs, Ministry of Health and Social Affairs, Monaco Frederico Guanais, Deputy Head, Health Division, Organisation for Economic Co-operation and Development <p>Open floor</p> <p>Concluding remarks</p>

Time	Session
14:00–15:00	<p>Access to medicines</p> <p><i>Moderator: Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe</i></p> <p>The aims of this session are to:</p> <ul style="list-style-type: none"> • discuss key aspects of access to medicines in small countries; and • explore collaborative opportunities in access to medicines in small countries. <p>Presentation</p> <ul style="list-style-type: none"> • Sarah Garner, Acting Programme Manager, Health Technologies and Pharmaceuticals, WHO Regional Office for Europe <i>Issues and challenges in access to medicines faced by small countries in the WHO European Region, and possible solutions</i> <p>Heads of delegation panel</p> <p>Panellists will address the following questions.</p> <ul style="list-style-type: none"> • What are the key challenges faced by your country with respect to access to medicines and health products? • Which of these potential policy solutions would your country be interested in taking forward with the WHO Regional Office for Europe's Access to Novel Medicines Platform? <p>Panellists</p> <ul style="list-style-type: none"> • Dragoslav Šćekić, Minister of Health, Montenegro • Roberto Ciavatta, Minister of Health, San Marino • Popi Nicolaidou Kanari, Minister of Health, Cyprus • Ala Nemerenco, Minister of Health, Republic of Moldova <p>Open floor</p> <p>Concluding remarks</p>
15:30–16:30	<p>Innovation in improving mental health at the community level</p> <p><i>Moderator: Ingibjörg Sveinsdóttir, Senior Adviser, Ministry of Health, Iceland</i></p> <p>The aims of this session are to:</p> <ul style="list-style-type: none"> • update ministers and delegations on mental health actions in small countries; • update delegates on the outcome of the online SCI meeting on mental health hosted by Iceland (24 March 2023); and • obtain feedback from small countries on possible forthcoming activities in the field of mental health. <p>Introduction</p> <ul style="list-style-type: none"> • Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe

Time	Session
	<p>Presentations</p> <ul style="list-style-type: none"> • Willum Þór Þórsson, Minister of Health, Iceland • Ledia Lazeri, Regional Adviser – Mental Health, WHO Regional Office for Europe <p>Heads of delegation panel</p> <ul style="list-style-type: none"> • Paulette Lenert, Deputy Prime Minister and Minister of Health, Luxembourg • Popi Nicolaidou Kanari, Minister of Health, Cyprus • Heidi Alasepp, Deputy Secretary-General of Health, Ministry of Social Affairs, Estonia • Helena Mas Santuré, Acting Secretary of State for Health, Ministry of Health, Andorra (online) • Alexandre Bordero, Director, Department of Health Affairs, Ministry of Health and Social Affairs, Monaco <p>Open floor</p> <p>Concluding remarks</p>
16:30–17:00	<p>Information session</p> <p>The aim of this session is to update delegates on high-level developments.</p> <p><i>Update on health and tourism</i></p> <ul style="list-style-type: none"> • Patricia Carmona Redondo, Programme Officer, Market Intelligence and Competitiveness Department, World Tourism Organization • Bettina Menne, Coordinator – Small Country Initiative, WHO European Office for Investment for Health and Development

Friday 12 May 2023

Meeting co-Chair: Bettina Menne, Coordinator – Small Country Initiative, WHO European Office for Investment for Health and Development

Time	Session
09:00–09:30	<p>Signing of the Luxembourg Statement</p> <ul style="list-style-type: none"> • Paulette Lenert, Deputy Prime Minister and Minister of Health, Luxembourg • Hans Henri P. Kluge, WHO Regional Director for Europe
09:30–10:00	<p>Celebration of International Nursing Day</p> <p><i>Moderator: Margrieta Langins, Nursing and Midwifery Policy Adviser, WHO Regional Office for Europe</i></p> <p>Roundtable (open to the media)</p> <ul style="list-style-type: none"> • Paulette Lenert, Deputy Prime Minister and Minister of Health, Luxembourg • Marie Friedel, Professor of Nursing Sciences, University of Luxembourg • Anne-Marie Hanff, President, National Association of Nurses of Luxembourg • Hans Henri P. Kluge, WHO Regional Director for Europe

Time	Session
10:15–11:15	<p>Update on progress on advancing human resources for health</p> <p><i>Moderator: James Buchan, WHO Consultant– Health Workforce and Service Delivery, WHO Regional Office for Europe</i></p> <p>The aims of this session are to:</p> <ul style="list-style-type: none"> • update delegates on regional health and care workforce developments; • report back on progress in developing human resources for health national strategies by 2025 in small countries; and • discuss next steps. <p>Introduction</p> <ul style="list-style-type: none"> • Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe <p>Presentation</p> <ul style="list-style-type: none"> • Tomás Zapata, Regional Adviser – Health Workforce and Service Delivery, WHO Regional Office for Europe <i>Report on the High-level Regional Meeting on Health and Care Workforce in Europe (Bucharest, Romania, 22–23 March 2023) and actions taken by small countries</i> <p>Heads of delegation panel</p> <ul style="list-style-type: none"> • Roberto Ciavatta, Minister of Health, San Marino • Jean-Claude Schmit, Chief Medical Officer, Luxembourg • Heidi Alasepp, Deputy Secretary-General of Health, Ministry of Social Affairs, Estonia • Frederico Guanais, Deputy Head, Health Division, Organisation for Economic Co-operation and Development • Donata Meroni, Deputy Director of Public Health and Head of Health Monitoring and Cooperation Unit, Health Networks, European Commission <p>Open floor</p> <p>Concluding remarks</p>
11:15–12:15	<p>Leveraging digital transformation in small countries</p> <p><i>Moderator: Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe</i></p> <p>The aims of this session are to:</p> <ul style="list-style-type: none"> • provide a comprehensive understanding of the current state of digital health in the WHO European Region; and • guide future efforts to improve digital health programmes in small countries. <p>Presentation</p> <ul style="list-style-type: none"> • David Novillo, Regional Adviser, WHO Regional Office for Europe (online) <i>Regional digital health action plan for the WHO European Region 2023–2030: where do small countries stand (small country digital health profiles)?</i>

Time	Session
	<p>Heads of delegation panel</p> <p>Panellists will address the following questions.</p> <ul style="list-style-type: none"> • What is your country's approach in preparing the health workforce for the digital transformation of the health-care sector? • What measures have been put in place to ensure that digital technologies are accessible and effectively utilized by all individuals? <p>Panellists</p> <ul style="list-style-type: none"> • Aiga Balode, Secretary of State, Ministry of Health, Latvia • Neville Calleja, Director, Directorate for Health Information and Research, Ministry of Health, Malta <p>Open floor</p> <p>Concluding remarks</p>
12:15–12:30	<p>Conclusions</p> <ul style="list-style-type: none"> • Summary of the meeting • Announcement of the next meeting
13:30–14:30	<p>SCI Communicators Network meeting (online)</p> <p>The aims of this meeting are to:</p> <ul style="list-style-type: none"> • brief SCI communications officers on the outcome of the overall meeting • discuss misinformation and how to deal with it.
14:30–16:00	<p>Closed meeting of SCI focal points (in person and online)</p> <p>The scope of this meeting is to discuss:</p> <ul style="list-style-type: none"> • the SCI meeting outcomes • the 2023–2024 workplan of the SCI.

Annex 3. List of participants

Andorra

Helena Mas Santuré
Acting Secretary of State for Health
Ministry of Health
(online)

Josep Romagosa Massana
Acting Public Health Officer
Promotion, Prevention and Health
Surveillance Unit, Ministry of Health
Statistics Department, Ministry of Finance
Acting National WHO Counterpart
(online)

Thimphu Kinley Zam
Senior Planning Officer
Ministry of Health

Cyprus

Popi Nicolaidou Kanari
Minister of Health
Ministry of Health

Georgios Savva
Public Health Officer
Ministry of Health

Barbados

Gillian Applewhite
Senior Administrative Officer
Ministry of Health and Wellness

Sonia Browne
Minister of State
Ministry of Health and Wellness

Estonia

Heidi Alasepp
Deputy Secretary-General of Health
Ministry of Social Affairs

Eva Lehtla
Adviser on Media Relations
Ministry of Social Affairs
(online)

Bhutan

Pinkey Lhamo
Private Secretary to the Minister
Ministry of Health

Dorji Rinchen
Officiating President of the National Medical
Services
Director-General
Department of Medical Supplies and Health
Infrastructure
Ministry of Health

Elen Ohov
Adviser
European Union and International
Cooperation Department
Ministry of Health

Riina Sikkut
Minister of Health
Ministry of Health
(online)

Iceland

Tshokey Tshokey
Head of Laboratory and Officiating Medical
Superintendent
Jigme Dorji Wangchuck National Referral
Hospital

Guðrún Ása Björnsdóttir
Political Adviser to the Minister of Health
Ministry of Health

Guðlaug Rakel Guðjónsdóttir
Senior Adviser
Ministry of Health

Julia Feilen
Head of Communications
Directorate of Health

Ásthildur Knútsdóttir
Director-General
Ministry of Health
(online)

Alexandra Forétová
Communications Expert
Ministry of Health and Directorate of Health

Ingibjörg Sveinsdóttir
Senior Adviser
Ministry of Health

Marie Friedel
Professor of Nursing Sciences
University of Luxembourg

Willum Þór Þórsson
Minister of Health
Ministry of Health

Sam Glodt
Communication and Events Expert
Ministry of Health and Directorate of Health

Latvia

Aiga Balode
Secretary of State
Ministry of Health

Anne-Marie Hanff
President
National Association of Nurses of
Luxembourg

Eliza Berzina
Director
Department of European Affairs and
International Cooperation
Ministry of Health

Clément Hengy
Head of Innovation Support Department
Directorate of Health

Oskars Šneiders
Head of Communication Division
Ministry of Health
(online)

Paulette Lenert
Deputy Prime Minister
Minister of Health
Government of Luxembourg

Luxembourg

Xavier Bettel
Prime Minister
Government of Luxembourg

Patrick Majerus
Head of Infections and Environment
Department
Directorate of Health

Julien Darmian
Head of Health Care Department
Directorate of Health

Lydie Polfer
Mayor
Luxembourg City

Annik Reding
Communications Officer
Ministry of Health and Directorate of Health

Dr Yaiza Rivero
Head of Preventive Medicine and Population
Health Department
Directorate of Health

Jean-Claude Schmit
Chief Medical Officer
Directorate of Health

Laura Valli
International Affairs Coordinator/Press
Officer
Ministry of Health

Michèle Wolter
Chief Nursing Officer
Ministry of Health

Malta

Neville Calleja
Director
Directorate of Health Information and
Research
Ministry of Health

Chris Fearne
Deputy Prime Minister
Minister of Health
Government of Malta
(online)

Monaco

Jean-Baptiste Blanchy
Counsellor
Embassy of Monaco
Brussels

Alexandre Bordero
Director
Department of Health Affairs
Ministry of Health and Social Affairs

Montenegro

Mirjana Đuranović
Head of Department
Department for International Cooperation
Ministry of Health

Anjia Glušica
Communications Officer
Import/Export Department
(online)

Vladimir Obradović
Secretary of State
Ministry of Health

Dragoslav Šćekić
Minister of Health
Ministry of Health

Nataša Terzić
Director
Centre for Health System Strengthening
National Institute of Public Health
(online)

Željka Vulanović
Independent Adviser
Ministry of Health

North Macedonia

Gordana Majnova
State Adviser/WHO National Counterpart
Ministry of Health

Maja Manoleva
Deputy Minister of Health
Ministry of Health

Marija Miovska Vasilj
Assistant to the Deputy Minister
Ministry of Health

Republic of Moldova

Ala Nemerenco
Minister of Health
Ministry of Health

San Marino

Beatrice Borbiconi
Interpreter
Department of Foreign Affairs

Roberto Ciavatta
Minister of Health
Ministry of Health and Social Security

Christian Ferrari
Deputy Minister
Ministry of Health and Social Security

Claudio Muccioli
Director
Health Authority

Seychelles

Bernard Valentin
Principal Secretary
Ministry of Health

Peggy Vidot
Minister of Health
Ministry of Health

Slovenia

Azra Herceg
Secretary of State
Ministry of Health

Vesna-Kerstin Petrič
Head
Office for Cooperation with WHO
Ministry of Health

International organizations

Patricia Carmona Redondo
Programme Officer
Market Intelligence and Competitiveness
Department
World Tourism Organization

Frederico Guanaïs
Deputy Head
Health Division
Organisation for Economic Co-operation
and Development

Donata Meroni
Deputy Director of Public Health
Head of Health Monitoring and Cooperation
Unit, Health Networks
European Commission

Invited speakers

Anna Gilmore
Professor of Public Health
Director, Tobacco Control Research Group
University of Bath
United Kingdom
(online)

Neil Gray
Cabinet Secretary for the Wellbeing
Economy, Fair Work and Energy
Scottish Government
United Kingdom
(online)

WHO Regional Office for Europe

Natasha Azzopardi-Muscat
Director
Division of Country Health Policies and
Systems

Alihan Berdiyev
Technical Officer
Regional Director's Division

Mina Brajović
Head
WHO Country Office, Montenegro

Margrieta Langins
Nursing and Midwifery Policy Adviser

Chris Brown
Head
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Ledia Lazeri
Regional Adviser – Mental Health
Division of Country Health Policies and
Systems

James Buchan
WHO Consultant – Health Workforce and
Service Delivery
Division of Country Health Policies and
Systems

Bettina Menne
Coordinator – Small Countries Initiative
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Cristina Da Rold
WHO Consultant – Communications

Uldis Mitenbergs
Team Leader
Country Support Emergency Preparedness
and Response

Gauden Galea
Strategic Adviser to the Regional Director
Division of Country Health Programmes
(online)

Yannish Naik
Technical Officer – Economy of Well-being
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems (online)

Sarah Garner
Acting Programme Manager
Health Technologies and Pharmaceuticals
Division of Health Systems and Public
Health

Leda Nemer
WHO Consultant
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Miljana Grbićlazar
WHO Representative to the Republic of
Moldova
WHO Country Office
Republic of Moldova

Lazar Nikolić
Programme Assistant
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Hans Henri P. Kluge
WHO Regional Director for Europe

Kristina Köhler
Liaison Officer
WHO Country Office, Estonia

David Novillo Ortiz
Regional Adviser
Division of Country Health Policies and
Systems
(online)

Milena Carmina Oikonomou
WHO Consultant – Tourism and Health
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Ivo Rakovac
Regional Adviser – NCD Surveillance
Division of Country Health Policies and
Systems

Aiga Rurane
WHO Representative
WHO Country office, Slovenia

Tarang Sharma
Technical Officer – Novel Medicines
Platform
Division of Country Health Policies and
Systems

Ramy Srour
Communications Officer
Division of Country Health Policies and
Systems

Gundo Weiler
Director
Country Support Emergency Preparedness
and Response

Kremlin Khamarj Wickramasinghe
Regional Adviser – Nutrition, Physical
Activity and Obesity
Division of Country Health Policies and
Systems

Liliana Yanovska
Assistant to the Director
Division of Country Health Policies and
Systems

Tomás Zapata
Regional Adviser – Health Workforce and
Service Delivery
Division of Country Health Policies and
Systems

Online media briefing

Estonia

Eva Lethla
Adviser on Media Relations
Ministry of Social Affairs
(online)

Latvia

Oskars Šneiders
Head of Communication Division
Ministry of Health
(online)

Luxembourg

Annik Reding
Communications Officer
Ministry of Health and Directorate of Health

Malta

Neville Calleja
Director
Directorate for Health Information and
Research
Ministry of Health

Montenegro

Anja Glušica
Communications Officer
Import/Export Department
(online)

SCI focal points

Andorra

Josep Romagosa
Acting Public Health Officer
Promotion, Prevention and Health
Surveillance Unit, Ministry of Health
Statistics Department, Ministry of Finance
Acting National WHO Counterpart
(online)

Cyprus

Georgios Savva
Public Health Officer
Ministry of Health

Estonia

Elen Ohov
Adviser
European Union and International
Cooperation Department
Ministry of Health

Iceland

Ásthildur Knútsdóttir
Director-General
Ministry of Health
(online)

Latvia

Eliza Berzina
Director
Department of European Affairs and
International Cooperation
Ministry of Health

Luxembourg

Jean-Claude Schmit
Chief Medical Officer
Directorate of Health

Malta

Neville Calleja
Director
Directorate for Health Information and
Research
Ministry of Health

Monaco

Alexandre Bordero
Director
Department of Health Affairs
Ministry of Health and Social Affairs

Montenegro

Mirjana Đuranović
Head
Department for International Cooperation
Ministry of Health

Nataša Terzić
Director
Centre for Health System Strengthening
National Institute of Public Health

San Marino

Claudio Muccioli
Director
Health Authority

Slovenia

Vesna-Kerstin Petrič
Head
Office for Cooperation with WHO
Ministry of Health

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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